


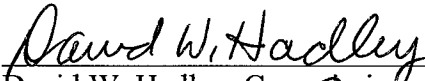
**ORIGINAL**

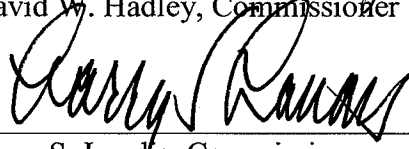
**INDIANA UTILITY REGULATORY COMMISSION  
Approval of Pipeline Safety Division  
Settlement Agreement with Southern Indiana Gas and Electric Co.  
d/b/a Vectren Energy Delivery of Indiana, Inc.**

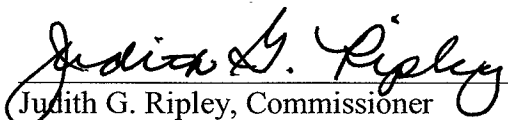
On April 3, 2004, a natural gas explosion occurred at the residence of a customer of Southern Indiana Gas and Electric Co. d/b/a Vectren Energy Delivery of Indiana, Inc. ("Vectren"), located at 3307 Lincoln Avenue in Evansville, Indiana. Pursuant to its authority under the Federal Pipeline Safety Act and Indiana Code Section 8-1-22.5 *et seq.*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Commission") initiated an investigation of the incident and produced a report based on its investigation, entitled "Pipeline Failure Investigation Report" dated August 24, 2004 (Exhibit "A"). Following the issuance of the Report, the Pipeline Safety Division entered into discussions with Vectren which resulted in the attached Stipulation and Settlement Agreement ("Settlement Agreement").

Vectren provides gas utility service to the public, is subject to Commission jurisdiction, and may appropriately waive its right to hearing and enter into the Settlement resolving this matter. While the Commission recognizes that legal actions presented in civil courts in the State of Indiana will undoubtedly play a role in the complete resolution of the events that occurred on April 3, 2004, the terms of the Settlement Agreement require Vectren to take steps that should reduce or eliminate the likelihood that events like the one that occurred on April 3, 2004 will recur in the future. Therefore, as the resolution of this matter addresses issues that are appropriate under the purview of our Pipeline Safety Division, we find that the Settlement Agreement is hereby approved.

  
William D. McCarty, Chairman

  
David W. Hadley, Commissioner

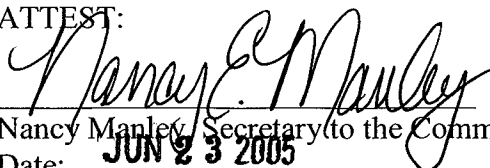
  
Larry S. Landis, Commissioner

  
Judith G. Ripley, Commissioner

ABSENT

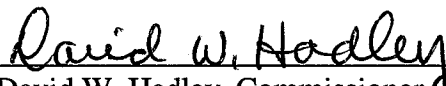
David E. Ziegner, Commissioner

ATTEST:

  
Nancy Manley, Secretary to the Commission  
Date: JUN 23 2005

**INDIANA UTILITY REGULATORY COMMISSION  
APPROVAL OF PIPELINE SAFETY DIVISION  
SETTLEMENT AGREEMENT WITH SOUTHERN INDIANA GAS AND  
ELECTRIC CO. d/b/a VECTREN ENERGY DELIVERY OF INDIANA, INC.**

I sign this Order today not for the monetary amount listed. The loss of life and its monetary value are for other courts to judge. Rather, I support this Settlement for the binding commitment it has for Vectren to take a series of affirmative steps to improve their quality of service. Loss of life is a steep price to pay for lessons learned. It is with respect and reverence to those that lost so much that we hope the positive actions represented in this Settlement might prevent the likely occurrence of such a tragedy to others in the future.

  
\_\_\_\_\_  
David W. Hadley, Commissioner

**INDIANA UTILITY REGULATORY COMMISSION  
APPROVAL OF PIPELINE SAFETY DIVISION  
SETTLEMENT AGREEMENT WITH SOUTHERN INDIANA GAS AND  
ELECTRIC CO. d/b/a VECTREN ENERGY DELIVERY OF INDIANA, INC.**

It would be tempting to report the news of the settlement which this Commission approves today by suggesting somehow that the settlement amount of \$170,000 is the value put on the lives of those who were lost in this tragic incident. That could not be more incorrect.

If it were not for the fact that the Commission draws its authority in this matter from the Federal Pipeline Safety Act, the Commission's statutory authority to impose fines upon its regulated entities would be limited to \$1,000 per incident.

For anyone who questions the amount of the settlement and its sufficiency, I would simply suggest that the only time when this has been a matter for discussion is after the fact, in the wake of such tragic incidents. Speaking strictly personally, it is time for the General Assembly to review the Commission's ultimate authority, once due process has been served, to impose penalties which are commensurate with acts of commission or omission.

The settlement approved today comes on the heels of a settlement in Pennsylvania between the Pennsylvania Public Utility Commission and the Equitable Gas Company over a 2003 explosion and fire in Pittsburgh. While the facts in the two incidents are not necessarily directly comparable, I would simply point out that the resources Vectren commits to remediation and training in this settlement are more than three times the resources committed by Equitable in the Pittsburgh settlement.

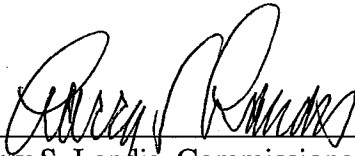
The specific commitments to which Vectren has agreed are significant, and entirely appropriate. They go well beyond the fine settlement, and represent significant steps which should help to minimize if not virtually eliminate the likelihood in the future that such an incident will again come before this Commission.

Looking beyond the immediate scope of the settlement, it is my contention that there is no way to adequately value human life by any monetary measure. In any event, that is an issue for other venues and other days. It is appropriate, however, to take time today to remember those whose lives were lost and those who were dramatically scarred, literally or figuratively, by this tragedy.

This settlement does not address the acts of omission or commission on the part of other entities, or the degree to which they may share in the ultimate responsibility for this tragedy. I am particularly troubled by the fact that the investigation into the April 3, 2004 tragedy revealed that last year's incident was not the first time actions taken by

employees of Evansville Water or its contractors have resulted in damage to Vectren's natural gas infrastructure.

I want to emphasize that Evansville Water needs to assure this Commission and the people of Evansville that appropriate actions have been taken and training has been put into place such that an incident like this one will never happen again.



---

Larry S. Landis, Commissioner



## SETTLEMENT AGREEMENT

This Settlement Agreement is entered into between the Pipeline Safety Division ("the Division") of the Indiana Utility Regulatory Commission ("the Commission") and Southern Indiana Gas and Electric Company d/b/a Vectren Energy Delivery of Indiana, Inc. ("Vectren" or "Company") for the purpose of remediating certain conditions and procedures which the Division believes may have contributed to an explosion of natural gas on April 3, 2004 ("the incident") at 3307 Lincoln Avenue, Evansville, Indiana ("the incident site").

## CONSIDERATIONS

WHEREAS, among the statutory duties of the Division is to require compliance with federal safety standards applicable to the transportation of natural gas under the Natural Gas Pipeline Safety Act of 1968, as amended, 49 U.S.C. 60101 *et seq.*, and Title 170 Ind. Admin. Code § 5-3-1; and

WHEREAS, the Division is also required by statute to review and summarize all incidents reported within the state involving accidents resulting in personal injury requiring hospitalization, death, or property damage in excess of three thousand (\$3,000), when the same is accompanied by an explosion, misapplication, and/or escapement of gas; and

WHEREAS, the Division and Vectren have each conducted independent investigations of the incident in order to determine what remedial changes, if any, Vectren should implement to protect against the occurrence of future incidents substantially similar to the incident; and

WHEREAS, as a result of its investigation, Vectren has already undertaken the following remedial changes:

1. Vectren conducted a thorough review of its Emergency Response Plan, which was developed pursuant to the requirements of 49 C.F.R. 192.605(a), and subsequently made several remedial changes to the Plan, including amendments to definitions, first responder activities, and continuing response

activities. The amended sections of the Emergency Response Plan are attached as Exhibit "A".

2. Following the implementation of these remedial changes to the Plan, Vectren completed refresher training of its employees on the changes to the Plan in all operating centers in its service territory. This training included the following topics: emergency response, first responder, and continuing response activities; use of leak detection equipment and gas leak investigation.
3. With respect to the three Vectren employees involved in the incident, each participated in and completed various activities as part of a requalification process, including: completion of applicable computer based OQ modules; participation in an online interactive program "Makesafe" to further define and work through needed skills for acceptable emergency response; attendance at the internal training mentioned above; and completion of two separate performance evaluations/simulations for emergency response pertaining to inside and outside leak investigation.
4. Vectren began an inspection of its natural gas distribution system to identify the existence of valve boxes that may provide access to plastic gas service lines which may be inserted through metal valves, a condition similar to that of the valve box at the incident site. When such a valve box was located, Vectren remediated said valve boxes either by removing the valve box or otherwise rendering the valve within the box inoperable or inaccessible. Vectren voluntarily began this remediation after the incident, and prior to discussions with the Division.
5. Vectren developed a process whereby Evansville Water's contractor EA2 may call Vectren at round-the-clock contact numbers before operating any valve EA2 cannot confirm as a water valve. Vectren agreed to respond at anytime to EA2's request to verify a valve in the field.
6. Vectren reviewed and adopted remedial changes to its Customer Service Policy to require the performance of an atmospheric check using a Combustible Gas Instrument, personal gas monitor, or other approved gas detection equipment when performing a re-light of natural gas appliances. Attached as Exhibit "B" is a copy of the amended Customer Service Policy. In making this remedial change, Vectren believes that the majority of gas distribution companies do not require this check to be performed, and thus Vectren is going beyond standard industry practice on this item.

WHEREAS, as a result of its investigation into the incident, the Division issued its Pipeline Failure Investigation Report ("the Report") dated August 24, 2004, a copy of which is

attached hereto as Exhibit "C", in which the Division concluded that a series of events occurred which ultimately contributed to the incident, some of which were in the control of Vectren and others of which were in the control of other entities; and

WHEREAS, the Division has provided a copy of its Report to Vectren and other interested parties; and

WHEREAS, following the issuance of the Report, the Division and Vectren have cooperated with one another to identify any additional conditions and procedures which are within Vectren's control over and above those previously listed which should be remediated in order to minimize the occurrence of future incidents substantially similar to the incident; and

WHEREAS, the Division and Vectren mutually desire to recommend to the Commission a compromise resolution and remediation of the issues, conditions, and procedures addressed by the Report.

THEREFORE, the Division and Vectren mutually agree as follows:

I.

BACKGROUND

1. Vectren is a public utility as defined by Ind. Code § 8-1-2-1(a) and is subject to the jurisdiction of the Commission in the manner and to the extent provided by the laws of the State of Indiana.

2. Vectren is engaged in the distribution of natural gas and owns and operates natural gas distribution facilities subject to the jurisdiction of the Division pursuant to Ind. Code § 8-1-22.5 *et seq.*, including those facilities which distributed natural gas to the incident site.

3. The Division and Vectren have mutually determined that certain additional changes in policies and procedures should be implemented to remediate the conditions which

may have contributed to the incident. These changes, as set forth below, have been discussed and agreed upon between the Division and Vectren during a series of meetings which have been conducted since the Report was publicly released.

## II.

### AGREED RESOLUTION AND REMEDIATION

The Division and Vectren agree that the following additional remedial actions shall be taken:

1. Continued Remediation of Valve Boxes. Vectren has begun and will continue to undertake an inspection of its natural gas distribution system to identify the existence of valve boxes that may provide access to plastic gas service lines which may be inserted through metal valves, a condition similar to that of the valve box at the incident site. Vectren will remediate all such valve boxes which are discovered, either by removing the valve box or otherwise rendering the valve within the box inoperable or inaccessible. Vectren voluntarily began this remediation after the incident, and prior to discussions with the Division. Attached as Exhibit "D" is a report summarizing remedial actions for valve boxes taken by Vectren to date.

Vectren will endeavor to complete the remediation throughout its natural gas distribution system on or before August 1, 2005. In the event that Vectren is unable to complete the remediation on or before August 1, 2005, Vectren will notify the Division of the reasons that it is unable to complete the remediation and will cooperate in good faith with the Division to arrive at a reasonable date of completion. Vectren also shall report to the Division the following information on 60-day intervals, beginning thirty (30) days following the approval of this Agreement by the Commission, and through September 15, 2005 or such time as said remediation is complete:

- a. The total number of services inspected for the existence of such valve boxes;
- b. The total number of valve boxes determined to exist; and
- c. The total number of such valve boxes which have been removed or otherwise remediated.

2. Installation of Excess Flow Valves. Vectren will promptly undertake within 90 days following the approval of this Agreement by the Commission the installation of excess flow valves, without charge to its customers, and in accordance with 49 CFR 192.381 and 192.383, on all new and renewed natural gas service lines. An excess flow valve is designed to shut off the flow of natural gas automatically if the service line breaks. The parties hereto acknowledge and agree that this action is not required by the foregoing regulations, but it is one of two options that utilities may select as a means of complying with said regulation. The parties also agree that at the time of the incident, Vectren was not in violation of 49 CFR 192.381 and 192.383 as it pertained to the service address in question.

3. Mock Emergency Exercise. Vectren shall schedule, arrange, and perform a mock emergency exercise within its distribution area to supplement the employees' training with respect to responding to natural gas emergencies. Vectren shall apprise the Division, in advance, of said mock emergency exercise and shall permit the Division to be present at and participate in said exercise. In the event Vectren, in its discretion, determines the need to perform any additional mock emergency exercises in the future, it shall notify the Division.

4. Voluntary Financial Contributions. Vectren Utility Holdings, Inc. has agreed to contribute Forty-Two Thousand Five Hundred Dollars (\$42,500) annually for four consecutive years, beginning on April 1, 2005, or thirty days after this Agreement is approved by the Commission, whichever is later. The total voluntary contribution under this Agreement is one

hundred seventy thousand dollars (\$170,000). The contribution of funds shall be used as follows:

- a. Eighty-Five Thousand dollars (\$85,000) shall be used toward the education and training of various Indiana public and emergency service organizations within the counties in which Vectren or its affiliated utility companies provide service, including governmental fire departments in those counties, in responding to natural gas emergencies. Distribution of funds shall be made upon the mutual agreement of Vectren and the Division to various local fire departments and other emergency response organizations for purposes that meet the criteria set forth in this paragraph. Upon identifying an opportunity to allocate funds to an organization for use by that organization for a purpose that meets the criteria set forth in this paragraph, the party identifying the opportunity shall contact the other party in order to secure an agreement that the allocation be made, the amount of the allocation and that the purpose of the allocation satisfies the criteria set forth in this paragraph. Once an agreement has been reached by the parties hereto as to the amount of funds to be allocated to a particular organization and that the purpose of the allocation satisfies the criteria set forth in this paragraph, Vectren shall send a confirmation to the Division setting forth these details prior to the allocation being made. Vectren shall maintain a spreadsheet detailing the organizations to whom funds have been allocated, the amount of funds allocated to that organization and the purpose of the allocation. This spreadsheet shall be made available to the Division at any time upon request; and
- b. Eighty-Five Thousand Dollars (\$85,000) shall be donated to the Indiana Pipeline Awareness Association to assist in their mission to effectively communicate the purpose,

reliability, hazards, prevention measures, leak recognition and one call requirements of the Indiana pipeline system to the affected public, responders, public officials and excavators within the State of Indiana

None of the contributions made under this section by Vectren Utility Holdings, Inc. shall be included in rate base in any future regulatory proceeding at the Commission.

### III.

#### EFFECT AND USE OF SETTLEMENT AGREEMENT

1. Having been duly advised by their respective staff and counsel, Vectren and the Division stipulate and agree that the terms and conditions set forth above represent a fair, reasonable and just resolution of the Division's investigation of the incident, subject to their approval by the Commission without modification or further condition that may be unacceptable to any Party. If the Commission does not approve this Settlement Agreement in its entirety, the entire Agreement shall be null and void and deemed withdrawn, unless otherwise agreed to in writing by the Parties. Approval of this Agreement shall terminate further investigation of the incident by the Division.

2. This Settlement Agreement is solely the result of compromise in the settlement process and shall not, in whole or in part, constitute or be cited as precedent or deemed an admission by any party hereto in any other proceeding either before this Commission or in any other jurisdiction except as necessary to enforce the terms of this Agreement. This settlement is without prejudice to, and shall not constitute a waiver of, any position that any party hereto may take with respect to any or all of the issues resolved herein in any future regulatory or other proceedings and, without approval of this settlement by the Commission, shall not be admissible or discussed in any subsequent proceeding or proceedings.

3. In the event this agreement is not approved by the Commission, the parties hereto expressly reserve all of their rights to assert and respond to allegations of state and federal pipeline safety requirements.

4. The undersigned have represented that they are fully authorized to execute this agreement on behalf of the Division and Vectren.

5. The communications and discussions during the negotiations and conferences which have produced this agreement have been conducted with the explicit understanding that they are or relate to offers of settlement and therefore are not disclosable public records and are privileged and not admissible as evidence in any proceeding before this Commission or in any other jurisdiction.

6. This agreement constitutes the entire agreement among the parties hereto pertaining to the subject matter of this agreement and supersedes all prior agreements, negotiations, proposals, and representations, whether written or oral, and all contemporaneous oral agreements, negotiations, proposals, and representations concerning that subject matter. No representations, understandings, or agreement, express or implied, have been made or relied upon in the making of this agreement other than those specifically set forth herein.

7. This agreement does not provide, and shall not be construed to provide, any third parties with any claim, liability, reimbursement, cause of action, entitlement, right, or privilege.

8. This settlement resolves all issues between the Division and Vectren concerning the incident.

9. This settlement shall be binding on all parties hereto and their respective successors and assigns.



10. The Parties shall agree on the form, wording and timing of a public/media announcement of this Agreement and the terms thereof. No Party will release any information to the public or media prior to the aforementioned announcement. All Parties may respond individually without prior approval of the other Parties to questions from the public or media, provided that such responses are consistent with such announcement and do not disparage any of the Parties. Nothing in this Agreement shall limit or restrict the Commission's ability to publicly comment regarding this Agreement or any Order affecting this Agreement so long as said comments are consistent with the terms set forth in this paragraph.

ACCEPTED AND AGREED as of the 3 day of March, 2005.

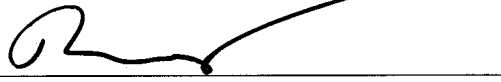
IURC PIPELINE SAFETY DIVISION

By: Annemarie Robertson  
Annemarie Robertson  
Pipeline Safety Division Director

Kristina Kern Wheeler  
Kristina Kern Wheeler  
General Counsel

SOUTHERN INDIANA GAS AND ELECTRIC COMPANY  
d/b/a VECTREN ENERGY DELIVERY OF INDIANA, INC.

By: \_\_\_\_\_

A handwritten signature in black ink, appearing to be 'R. Christian', written over a horizontal line.

Ronald E. Christian, Executive Vice President,  
Chief Administrative Officer, and Secretary

***EXHIBIT "A"***

**T**HIS SECTION PROVIDES STANDARD INSTRUCTIONS for performing emergency response activities.

**PURPOSE**

Different types of emergencies may require different response activities, yet it is still important that these activities be consistent with the goal of protecting life first, then property. Typically, there are four components of response to an emergency:

- processing emergency calls
- activities undertaken by a First Responder
- continuing activities that may be required to make the situation safe
- coordination of logistical issues

The sections in this topic area include emergency response procedures for each of these stages for certain identified emergency situations.

In responding to any emergency, however, remember that each situation is unique, therefore, response activities may be different from those listed, or may need to be performed in a different order, or may include steps not listed. Also, note that emergencies and incidents may occur which are not specifically addressed in this section. Therefore, the First Responder, Supervisor and other response personnel are expected to apply their knowledge and experience as appropriate.

***Processing  
Emergency Calls*****ERP 4.01**

This section describes the activities involved in processing emergency calls.

***First Responder  
Activities*****ERP 4.02**

This section describes the typical activities to be undertaken by the First Responder (see "Definitions" in this section). This section includes a First Responder Checklist to assist with emergency response.

***Continuing  
Response Activities*****ERP 4.03**

This section describes the typical activities normally undertaken by personnel other than the First Responder, including Supervisors and other emergency response personnel. It also includes information regarding emergency shut-offs and turn-ons.

***Handling  
Logistical Issues in  
Emergencies*****ERP 4.04**

This section describes the coordination and handling of logistical issues in large-scale emergencies.

***Responding to  
Emergencies at Gas  
Storage Facilities  
and LP Plants*****ERP 4.05**

This section describes the typical response requirements for personnel dealing with emergencies at special locations such as Gas Storage Facilities and LP Plants.

**DEFINITIONS**

Understanding these terms will be useful in following the policies in this topic area:

*Act-of-Nature*

Any natural disaster including, but not limited to: floods, earthquakes, tornadoes, etc.

*CGI*

Combustible Gas Indicator

*Emergency*

Any situation in which a danger to life or property is, or may become, present

*FI*

Flame Ionization Unit

*First Responder*

The first company person on the scene equipped to handle an emergency or public safety situation

*Gaseous Atmosphere*

Any mixture of natural gas and air which envelops (surrounds), or has the potential to envelop, one or more persons in the immediate area.

*Leak Investigation*

Systematic method of determining the presence of natural gas to resolve the potential hazard to the public

*Locking Pin*

Device used to secure the inlet meter-set valve in the off position.

*Reportable Natural  
Gas Incident*

A reportable Natural Gas Incident is defined as:

- an event that involves a release of gas
- AND**
- a death, or personal injury necessitating in-patient (overnight) hospitalization
- OR**
- a gas-related incident resulting in property damage amounting to \$50,000 or more, which includes the cost of lost gas, labor and material used for repairs. (Indiana Utility Regulatory Commission requires damages amounting to \$3,000 or more, to be reported to the State.)
- is significant, in the judgment of the operator, even though it did not meet the criteria listed above

**DEFINITIONS**

continued

*Make Safe*

Eliminate the risk to life and property

*Outage*

Interruption in gas supply delivery

*Overpressure*

Unintentional elevation of pressure to company and/or customer facilities or equipment

*Public Safety  
Situation*

See "Emergency"

*Response Review*

Post Emergency review of response activities to determine whether procedures were effectively followed. Consideration should be given to the need for changes in procedures based on experience gained from the emergency.

*Sewer Transection*

A gas main or service that inadvertently penetrates an existing sanitary or storm sewer line.

*Shut-off/Relight  
Coordinator*

The person responsible for the coordination of the Shut-off and Relight process.

*Supervisor*

The person, regardless of title, with authority to direct the response activities in any given situation

*Terrorism*

Any malicious act of a large scale which damages company or customer facilities, and/or which may negatively impact the operation of the company's facilities.

*Vandalism*

Any malicious act which damages company or customer facilities

**REFERENCES**

DOT CFR Title 49, Part 192.615

— Emergency plans.

DOT CFR Title 49, Part 195.402(e)

— Emergency.

**T**HIS SECTION PROVIDES STANDARD PROCEDURES for performing first response activities in emergency situations.

**GENERAL**

Emergencies and public safety situations demand competent and confident action by First Responders using established procedures and good judgment to protect life first, then property. This section provides standard procedures for performing first response activities for emergency situations.

**DEFINITION OF  
"FIRST  
RESPONDER"**

The FIRST RESPONDER is *the first company person on the scene equipped to handle an emergency or public safety situation.*

The First Responder is expected to carry out the steps necessary to deal with the situation until the emergency or public safety situation ends, or until a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.

**FIRST  
RESPONDER  
ACTIVITIES**

To assist the First Responder, a checklist has been developed (see Exhibit "A"). This checklist should help the First Responder focus on the important activities involved in most emergencies. Remember, however, that the Checklist is intended only as a job aid, and that each situation is unique, therefore, response activities may be different from those listed, may need to be performed in a different order, or may include steps not listed. Also, emergencies and incidents may occur which are not specifically addressed in this section. Therefore, response personnel are expected to apply their knowledge and experience as appropriate, use established procedures if applicable and exercise good judgment to protect life first, then property. Refer to the pages following the First Responder Checklist, for expanded information on these topics.

**USING THE FIRST  
RESPONDER  
CHECKLIST**

The First Responder Checklist provides guidance in responding to emergency or public safety situations. It lists certain emergencies and indicates the steps normally involved in making them safe. First response activities for listed emergencies begin with the steps numbered 1 through 4 in the upper portion of the Checklist.

Beyond these four steps, however, the first response activities required for the listed emergencies (A through F), as indicated on the checklist may vary. The ongoing steps normally required to be taken by the First Responder are indicated by numbers in the column under the letter identification of the listed emergency.

**FIRST RESPONDER Checklist**

Intended only as a job aid. Refer to the Emergency Response Plan, section 4, in particular section 4.02, for full policy information.

The FIRST RESPONDER is the first person on the scene equipped to handle an emergency or public safety situation. When responding to... ▼

|           |  |           |   |           |   |
|-----------|--|-----------|---|-----------|---|
| <b>A.</b> | <b>NATURAL GAS</b> in or near a building (p. 3)                    | <b>B.</b> | <b>FIRE / EXPLOSION</b> near or directly involving a pipeline facility (p. 5) | <b>C.</b> | <b>ACT-OF-NATURE/VANDALISM/TERRORISM</b> (p. 7) |
| <b>D.</b> | <b>OUTAGE or INTERRUPTION</b> in supply or delivery of gas (p. 10) | <b>E.</b> | <b>OVERPRESSURIZATION</b> (p. 12)   | <b>F.</b> | <b>CUT LINE / RELEASE OF GAS</b> (p. 15)        |

...the First Responder should... ▼

| A | B | C | D | E | F | <b>F</b> | <b>OR SAFETY...</b>  |
|---|---|---|---|---|---|----------|--|
| 1 | 1 | 1 | 1 | 1 | 1 | <b>I</b> | <b>INVESTIGATE</b> the existence and initial extent of the emergency     |
| 2 | 2 | 2 | 2 | 2 | 2 | <b>R</b> | <b>REMOVE</b> persons from the scene (including yourself) if appropriate |
| 3 | 3 | 3 | 3 | 3 | 3 | <b>S</b> | <b>SEEK</b> supervisory guidance and/or summon help when appropriate     |
| 4 | 4 | 4 | 4 | 4 | 4 | <b>T</b> | <b>TURN OFF</b> gas facilities if safe and appropriate                   |

Then... ▼

|    |    |    |   |    |    |  |  |
|----|----|----|---|----|----|--|--|
| 5  | 5  | 5  |   | 5  | 5  |  | Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).  |
| 6  | 6  | 6  |   | 6  | 6  |  | Eliminate ignition sources to the extent possible if gas is present in air.  |
|    | 7  |    |   |    |    |  | Determine if meter is registering, shut off the meter if appropriate, and obtain meter readings if possible  |
| 7  |    |    |   | 7  | 7  |  | Ventilate the atmosphere if safe and appropriate to do so.   |
|    |    |    | 5 | 8  |    |  | Determine reason for the outage/overpressure.  |
|    |    | 7  | 6 | 9  | 8  |  | Verify that the situation will not become unstable and effect existing gas pressure conditions.  |
| 8  | 8  | 8  |   | 10 | 9  |  | Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check adjacent buildings.   |
| 9  | 9  | 9  |   | 11 | 10 |  | Repair, shut off, or make safe any source of leaking gas.  |
| 10 | 10 | 10 | 7 | 12 | 11 |  | Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.   |
| 11 | 11 | 11 | 8 | 13 | 12 |  | If safe, conduct or assist with continuing response activities as warranted.   |
| 12 | 12 | 12 | 9 | 14 | 13 |  | Complete or assist with completion of appropriate documentation.   |
|    |    |    |   |    |    |  | First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority <b>verbally</b> assumes control. |

**NOTES:** In responding to any emergency, remember that each situation is unique--therefore, response activities may be different from those listed, may need to be performed in a different order, or may include steps not listed. Emergencies and incidences individually addressed in this section may evolve into a combination of those categories. Also, emergencies and incidents may occur which are not specifically addressed in this section. Therefore, response personnel are expected to apply their knowledge and experience as appropriate, use established procedures if applicable, and of course, exercise good judgment to protect life first, then property.

**REMEMBER, NATURAL GAS:**

- ignites at approximately 1100 degrees F.
- rises in air while most other gases pool near ground level
- has an explosive range between 4 and 15 percent gas-in-air
- odorant is highly flammable



**A. – NATURAL GAS in or near a building**

Natural Gas in or near a building includes such things as, but not limited to the following: sewer transections, release of gas or leakage from customer or company facilities.

**FOR SAFETY...**

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|----|---|--|
| 1. | <b>I</b> NVESTIGATE <i>existence and extent of emergency</i>                              | Determine that the emergency exists at the location dispatched. Also, perform a preliminary investigation to determine how extensive or serious the emergency is. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> EMOVE <i>persons from the scene (including yourself) if appropriate</i>          | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <u>NOT</u> activate any ignition source that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.   |
| 3. | <b>S</b> EELK <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.  |
| 4. | <b>T</b> URN OFF <i>gas facilities if safe and appropriate</i>                            | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. CAUTION: DO NOT turn off gas facilities unless the effect of the turn-off is known. |

**THEN... ▼**

|    |  |  |
|----|--|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Ensure that anyone removed from the area stays away while the situation remains unsafe.  |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |

# **EMERGENCY RESPONSE PROCEDURES**

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|-----|--|---|
| 7.  | <i>Ventilate the atmosphere if safe and appropriate to do so.</i>  | If gas is present in air, ventilate the atmosphere if safe and appropriate. This may include removing manhole covers, barholing, installing vent holes, opening windows and/or doors or other means. <i>If the detected concentration of gas in air is above or within the explosive range (4-15 percent of natural gas), DO NOT ventilate the atmosphere until all ignition sources have been eliminated.</i> Ventilating the atmosphere under such conditions will at some point bring the concentration into the flammable range. If the ignition sources are not removed prior to this, the environment could become explosive. |
| 8.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. With appropriate equipment, check the affected area in buildings, over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Investigate for leakage inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could affect gas facilities. DO NOT use an FI unit inside a building.                |
| 9.  | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate  |
| 10. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision or designated media contact.   |
| 11. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.   |
| 12. | <i>Complete or assist with completion of appropriate documentation.</i>  | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> ).  |

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority verbally assumes control.*

**B. – FIRE / EXPLOSION near or directly involving a pipeline facility**
**FOR SAFETY...**

1. **I** **NVESTIGATE** *existence and extent of emergency*

Determine that the emergency exists at the location dispatched. Also, perform a preliminary investigation to determine how extensive or serious the emergency is. Any reading obtained with a CGI inside a building is considered an emergency.

2. **R** **EMOVE** *persons from the scene (including yourself) if appropriate*

Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to NOT activate any ignition source that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.

3. **S** **E EK** *supervisory guidance and/or summon help from others when appropriate*

If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.

4. **T** **URN OFF** *gas facilities if safe and appropriate*

If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. **CAUTION: DO NOT** turn off gas facilities unless the effect of the turn-off is known.

**THEN... ▼**

5. *Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).*

Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.

6. *Eliminate ignition sources to the extent possible if gas is present in air.*

Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment.

7. *Determine if the meter is registering, shut off the meter if appropriate, and obtain meter readings if possible.*

Because it may be important in a fire or explosion investigation, determine if the meter is showing registration. Also, it will probably be necessary to turn off the meter so gas does not feed the fire or contribute to additional potential hazards. Obtain a meter reading if at all possible.

# EMERGENCY RESPONSE PROCEDURES

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| 8.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. With appropriate equipment, check the affected area in buildings, over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Investigate for leakage inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could affect gas facilities. DO NOT use an FI unit inside a building. |
| 9.  | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate   |
| 10. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision, or designated media contact.   |
| 11. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so, including participating in an investigation if directed by the Supervisor.   |
| 12. | <i>Complete or assist with completion of appropriate documentation.</i>  | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> )  |

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority verbally assumes control.*

**C. – ACT-OF-NATURE/VANDALISM/TERRORISM**

Acts of Nature include Floods, Tornadoes, Earthquakes, and other large-scale natural disasters, which may adversely impact the normal operation of company facilities.

**FOR SAFETY...**

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|----|---|--|
| 1. | <b>I</b> <b>NVESTIGATE</b> <i>existence and extent of emergency</i>                             | Determine that the emergency exists at the location dispatched. Also, perform a preliminary investigation to determine how extensive or serious the emergency is. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> <b>EMOVE</b> <i>persons from the scene (including yourself) if appropriate</i>         | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <u>NOT</u> activate any ignition source that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.   |
| 3. | <b>S</b> <b>EEK</b> <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.  |
| 4. | <b>T</b> <b>URN OFF</b> <i>gas facilities if safe and appropriate</i>                           | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. <b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known. If the immediate area is, or is likely to become, inaccessible in the aftermath of an emergency, mainline or regulator station valves may need to be used to eliminate gas leaks and/or fires. This is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. |

**THEN... ▼**

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| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.   |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |

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|-----|--|--|
| 7.  | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>   | Evaluate pressure conditions for stability. If the change in pressures may appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be. While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit.                                 |
| 8.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. With appropriate equipment, check the affected area in buildings, over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Investigate for leakage inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could affect gas facilities. DO NOT use an FI unit inside a building. |
| 9.  | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate   |
| 10. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision or designated media contact.  |
| 11. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so. In the event of flooding, if it is not expected to make the area inaccessible, provide for continued service. If, however, facilities are expected to become submerged, extend vents on house regulators and/or regulator stations if possible and as necessary. Relief stacks may also need extended. It may also be necessary and advisable to remove meters and cap or plug risers, fuel lines, etc. before they are submerged.                             |

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|-----|---|---|
| 12. | <i>Complete or assist with completion of appropriate documentation.</i> | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> ) |
|-----|---|---|

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**D. – OUTAGE OR INTERRUPTION in supply or delivery of gas**
**FOR SAFETY...**

1. **I** **NVESTIGATE** *existence and extent of emergency*

Determine that the emergency exists at the location dispatched. Also, perform a preliminary investigation to determine how extensive or serious the emergency is. Any reading obtained with a CGI inside a building is considered an emergency.

2. **R** **EMOVE** *persons from the scene (including yourself) if appropriate*

Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to NOT activate any ignition source that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.

3. **S** **EELK** *supervisory guidance and/or summon help from others when appropriate*

If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.

4. **T** **URN OFF** *gas facilities if safe and appropriate*

If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. **CAUTION: DO NOT** turn off gas facilities unless the effect of the turn-off is known.

**THEN... ▼**

5. *Determine the reason for the outage or interruption.*

Attempt to determine the reason for the outage or interruption. Sometimes this will be obvious and easily determined. It may be necessary, however, to call for assistance with this step, if additional help has not already been summoned.

Possible causes of interruptions include:

- regulator failure at purchase points, town borders, or distribution stations
- natural disasters (see also First Response item "C")

*Continued*



# **EMERGENCY RESPONSE PROCEDURES**

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| 5. | <i>Determine the reason for the outage or interruption</i>  | <p>continued</p> <ul style="list-style-type: none"> <li>• vandalism (see also <u>First Response item "C"</u>)</li> <li>• damage to facilities (see also <u>First Response item "F"</u>)</li> <li>• operator error</li> </ul> <p>Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps to identify valves, regulator stations, and feeds that supply the affected area. Try to identify the affected area.</p>  |
| 6. | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>                | <p>Evaluate pressure conditions for stability. If the change in pressures may appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be.</p> <p>While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit.</p> |
| 7. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i> | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision, or designated media contact.   |
| 8. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>                      | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.  |
| 9. | <i>Complete or assist with completion of appropriate documentation.</i>   | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> )  |

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority verbally assumes control.*

**E. – OVERPRESSURIZATION**
**FOR SAFETY...**

|    |   |  |
|----|---|--|
| 1. | <b>I</b> <b>NVESTIGATE</b> <i>existence and extent of emergency</i>                             | Determine that the emergency exists at the location dispatched. Also, perform a preliminary investigation to determine how extensive or serious the emergency is. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> <b>EMOVE</b> <i>persons from the scene (including yourself) if appropriate</i>         | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <u>NOT</u> activate any ignition source that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene. |
| 3. | <b>S</b> <b>EED</b> <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.                |
| 4. | <b>T</b> <b>URN OFF</b> <i>gas facilities if safe and appropriate</i>                           | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. <b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known.  |

**THEN... ▼**

|    |  |   |
|----|--|---|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.  |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment.  |
| 7. | <i>Ventilate the atmosphere if safe and appropriate to do so.</i>  | If gas is present in air, ventilate the atmosphere if safe and appropriate. This may include removing manhole covers, barholing, installing vent holes, opening windows and/or doors or other means. <i>If the detected concentration of gas in air is above or within the explosive range (4-15 percent of natural gas), DO NOT ventilate the atmosphere until all ignition sources have been eliminated.</i> If the ignition sources are not removed prior to this, the environment could become explosive. |

# **EMERGENCY RESPONSE PROCEDURES**

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| 8.  | <i>Determine the reason for the overpressurization.</i>  | Attempt to determine the reason for the overpressurization. Sometimes this will be obvious and easily determined. Possible causes of overpressurization include regulator and/or relief failure at purchase points, pressure reducing stations and/or meter settings. It may be necessary, however, to call for assistance with this step, if additional help has not already been summoned.   |
| 9.  | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>   | Evaluate pressure conditions for stability. If the change in pressures may appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be. While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and  |
| 10. | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. With appropriate equipment, check the affected area in buildings, over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Investigate for leakage inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could affect gas facilities. DO NOT use an FI unit inside a building. |
| 11. | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate   |
| 12. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision or designated media contact   |
| 13. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.  |

**EMERGENCY  
RESPONSE  
PROCEDURES**

|     |   |   |
|-----|---|---|
| 14. | <i>Complete or assist with completion of appropriate documentation.</i> | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (Section 3.01 - Exhibit "B") |
|-----|---|---|

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**F. – CUT LINE / RELEASE OF GAS****FOR SAFETY...**

|    |   |  |
|----|---|--|
| 1. | <b>I</b> NVESTIGATE <i>existence and extent of emergency</i>                              | Determine that the emergency exists at the location dispatched. Also, perform a preliminary investigation to determine how extensive or serious the emergency is. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> EMOVE <i>persons from the scene (including yourself) if appropriate</i>          | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <u>NOT</u> activate any ignition source that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.   |
| 3. | <b>S</b> EELK <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.  |
| 4. | <b>T</b> URN OFF <i>gas facilities if safe and appropriate</i>                            | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. CAUTION: DO NOT turn off gas facilities unless the effect of the turn-off is known. |

**THEN... ▼**

|    |  |  |
|----|--|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.   |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |

# **EMERGENCY RESPONSE PROCEDURES**

|     |  |   |
|-----|--|---|
| 7.  | <i>Ventilate the atmosphere if safe and appropriate to do so.</i>  | If gas is present in air, ventilate the atmosphere if safe and appropriate. This may include removing manhole covers, barholing, installing vent holes, opening windows and/or doors or other means. <i>If the detected concentration of gas in air is above or within the explosive range (4-15 percent of natural gas), DO NOT ventilate the atmosphere until all ignition sources have been eliminated.</i> If the ignition sources are not removed prior to this, the environment could become explosive.   |
| 8.  | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>   | Evaluate pressure conditions for stability. If the change in pressures may appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be. In the case of damaged underground facilities, this may involve a separate excavation outside of the gaseous atmosphere area, to facilitate flow restriction techniques. While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. |
| 9.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. With appropriate equipment, check the affected area in buildings, over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Investigate for leakage inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could affect gas facilities. DO NOT use an FI unit inside a building.  |
| 10. | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate  |
| 11. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision, or designated media contact.  |
| 12. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.   |

|     |   |   |
|-----|---|---|
| 13. | <i>Complete or assist with completion of appropriate documentation.</i> | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> ) |
|-----|---|---|

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**WARNING**

*Use extreme caution and follow all appropriate Company safety practices.*

**REFERENCES**

DOT CFR Title 49, Part 192.615  
— Emergency plans.  
DOT CFR Title 49, Part 195.402(e)  
— Emergency.

**T**HIS SECTION PROVIDES STANDARD PROCEDURES for continuing response activities in emergency situations.

**GENERAL**

The First Responder ("the first company person on the scene equipped to handle an emergency or public safety situation") is expected to carry out the steps necessary to deal with the situation (see Section 4.02: "First Responder Activities") until the emergency or public safety situation ends, or until a supervisor, other qualified employee or contractor, recognized public official, or emergency authority verbally assumes control. It is at this point that Continuing Response Activities begin.

**CONTINUING  
RESPONSE  
ACTIVITIES**

Emergencies and public safety situations demand competent and confident action not only by First Responders, but also by other response personnel operating with the goal of protecting life and property. If the situation is serious enough, continuing response personnel including Supervisors, participants of the Gas Emergency Team (see Section 1.01) and emergency response agencies may be called upon to resolve emergency situations. To assist with this, a Continuing Response Checklist has been developed (see Exhibit "A"). This checklist should help response personnel focus on the important activities involved in most emergencies. Remember, however, that the Checklist is intended only as a job aid, and that each situation is unique, therefore, response activities may be different from those listed, may need to be performed in a different order, or may include steps not listed. Also, emergencies and incidents may occur which are not specifically addressed in this section. Therefore, response personnel are expected to apply their knowledge and experience as appropriate, use established procedures if applicable and exercise good judgment to protect life first, then property.

Refer to the pages following the Continuing Response Checklist, for expanded information on these topics.



## Exhibit "A"

**CONTINUING RESPONSE Checklist**

Intended only as a job aid. Refer to the Emergency Response Plan, section 4, in particular sections 4.03 and 4.04 for more information.

*In continuing to respond to...* ▼

|           |  |           |   |           |  |
|-----------|--|-----------|---|-----------|--|
| <b>A.</b> | <b>NATURAL GAS</b> in or near a building (p. 3)                    | <b>B.</b> | <b>FIRE / EXPLOSION</b> near or directly involving a pipeline facility (p. 6) | <b>C.</b> | <b>ACT-OF-NATURE / VANDALISM/ TERRORISM</b> (p. 9) |
| <b>D.</b> | <b>OUTAGE or INTERRUPTION</b> in supply or delivery of gas (p. 12) | <b>E.</b> | <b>OVERPRESSURIZATION</b> (p. 15)   | <b>F.</b> | <b>CUT LINE / RELEASE OF GAS</b> (p. 18)           |

*...the Supervisor or other continuing response personnel should \*...*

| <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>F</b> |   |
|----------|----------|----------|----------|----------|----------|---|
| 1        | 1        | 1        | 1        | 1        | 1        | Consult with the First Responder for a briefing about the emergency, about actions already taken, and the best course of continued action.                                  |
| 2        | 2        | 2        | 2        | 2        | 2        | Verbally assume control from the First Responder if safe and appropriate.   |
| 3        | 3        | 3        | 3        | 3        | 3        | Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate. |
| 4        | 4        | 4        | 4        | 4        | 4        | Continue with any First Responder activities remaining to be done.  |
| 5        | 5        | 5        | 5        | 5        | 5        | Coordinate ongoing response with emergency agencies.  |
| 6        | 6        | 6        | 6        | 6        | 6        | Coordinate shut-offs as necessary.  |
| 7        | 7        | 7        | 7        | 7        | 7        | Verify that all services have been found in the affected area.  |
|          | 8        | 8        | 8        | 8        | 8        | Restore service to manageable sections if safe and appropriate.   |
| 8        | 9        | 9        | 9        | 9        | 9        | Oversee, make and/or finalize repairs   |
| 9        | 10       | 10       | 10       | 10       | 10       | Test mains and services if required, and/or reintroduce gas.  |
| 10       | 11       | 11       | 11       | 11       | 11       | Purge all facilities in the affected area when appropriate.   |
| 11       | 12       | 12       | 12       | 12       | 12       | Perform a leak investigation of the affected area.  |
|          | 13       |          |          |          |          | Perform an odorator and/or coordinated sniff test if appropriate.   |
| 12       | 14       | 13       | 13       | 13       | 13       | Coordinate turn-ons as appropriate.   |
| 13       | 15       | 14       | 14       | 14       | 14       | Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.   |
| 14       | 16       | 15       | 15       | 15       | 15       | Complete reporting and documentation requirements.  |
| 15       | 17       | 16       | 16       | 16       | 16       | Conduct a response review or other follow-up activities as appropriate.   |

*For ALL continuing response personnel...*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.

**NOTES:** Remember that each situation is unique, therefore, response activities may need to be performed in a different order, may be different from those listed, or may include steps not listed. Emergencies and incidences individually addressed in this section may evolve into a combination of those categories. Therefore, response personnel are expected to apply their knowledge and experience as appropriate, use established procedures if applicable, and of course, exercise good judgment to protect life first, then property.

\* Consider if human needs customers are in the affected area when determining appropriate response actions.

# **EMERGENCY RESPONSE PROCEDURES**

## **General Policy: CONTINUING RESPONSE ACTIVITIES**

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### **A. NATURAL GAS in or near a building**

Natural Gas in or near a building includes such things as, but not limited to the following: sewer transections, release of gas or leakage from customer or company facilities.

*...the Supervisor or other continuing response personnel should...*

|    |  |   |
|----|--|---|
| 1. | <i>Consult with the First Responder for a briefing about the emergency, actions already taken, and the best course of continued action.</i>  | If safe to do so, consult with the First Responder to learn specific information about the emergency and what actions have been taken to that point. Also confer with the First Responder regarding the recommended best course of continued action, to ensure that all pertinent details about the emergency are considered.   |
| 2. | <i>Verbally assume control from the First Responder if safe and appropriate.</i>   | The First Responder will remain the Company person in charge at the scene of an emergency until relieved of this duty. Therefore, it is essential to verbally assume control so further action can be coordinated efficiently and safely. However, if the First Responder is better equipped to continue to direct the response operations, consider allowing the First Responder to remain in control. |
| 3. | <i>Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate.</i> | As necessary, mobilize emergency response personnel, equipment and materials. It may be necessary to contact additional departments associated with the Gas Emergency Team (see Section 1.01). Refer to the "Internal Incident Reporting Matrix" Section 3.01 - Exhibit "B" to determine telephonic reporting requirements.   |
| 4. | <i>Complete remaining First Responder activities.</i>  | Ensure completion of all remaining First Responder activities.  |
| 5. | <i>Coordinate ongoing response with emergency agencies.</i>  | Work with emergency agencies and other utilities to coordinate emergency response activities. If appropriate, establish a field command post to better direct emergency response. Possible sites may include parking lots, public facilities or fire stations   |
| 6. | <i>Coordinate shut-offs as necessary.</i>  | If necessary to shut off natural gas facilities, coordinate these shut-offs in a safe and efficient manner according to the guidelines in Exhibit "B" of this section. If the event impacts a major feed or purchase point, contact Gas Control to coordinate shut down and alternative gas supply to the area if appropriate. Document all facilities turned-off, to ensure a turn-on is performed.    |
|    |  |   |

# **EMERGENCY RESPONSE PROCEDURES**

## **General Policy: CONTINUING RESPONSE ACTIVITIES**

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|     |  |   |
|-----|--|---|
| 7.  | <i>Verify that all services have been found in the affected area.</i>                                  | It may be necessary to review company records and information systems to obtain a listing of affected customers to determine that all services are found prior to reinstatement.  |
| 8.  | <i>Oversee, make and/or finalize repairs.</i>  | Complete temporary and/or permanent repairs when safe to do so. This may include requesting additional personnel, equipment, and materials needed for the repairs.  |
| 9.  | <i>Test mains and services if required, and/or reintroduce gas.</i>                                    | Before reinstating damaged mains and services, perform appropriate pressure, strength, and/or leakage tests to verify system integrity, then re-introduce gas into the affected system as necessary.  |
| 10. | <i>Purge all facilities in the affected area when appropriate.</i>                                     | When necessary and appropriate, purge all facilities in the affected area.  |
| 11. | <i>Perform a leak investigation of the affected area.</i>  | <p>To determine additional leakage does not exist, direct a leak investigation of the affected area, including buildings, mains, services, manholes, and other openings. DO NOT use an FI unit inside a building. Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. The leak investigation prior to a relight shall be conducted by the individual performing the relight. Before allowing individuals who may have been evacuated from structures affected by the situation to return to those structures, a leak investigation should be conducted throughout with a combustible gas indicator to ensure a natural gas hazardous condition does not exist.</p> <p>If leakage is detected, refer to First Responder Checklist (see Section 4.02).</p> |
| 12. | <i>Coordinate turn-ons as appropriate.</i>   | For any facilities that have been shut off, coordinate relights in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section.   |
| 13. | <i>Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.</i> | Review for any outstanding tasks or activities that have not been accomplished and complete as appropriate.   |
| 14. | <i>Complete reporting and documentation requirements.</i>  | Complete all required reporting procedures as described in Section 3.01 - Internal Incident Reporting. Also, review and/or complete all documentation as required by the situation, including, but not limited to: Customer Tickets, Leak Reports, Customer Listings, Work Tickets, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the Natural Gas Incident Report.   |

**EMERGENCY  
RESPONSE  
PROCEDURES**

|     |  |  |
|-----|--|--|
| 15. | <i>Conduct a response review or other follow-up activities as appropriate.</i> | If appropriate, area management should conduct a response review for the purposes of enhancing emergency response and reducing the risk of similar emergencies occurring. Assist the Accident, Failure, and Incident Investigation Committee (see <u>Section 7.00</u> ) if it was necessary for the committee to be convened. Also, be sure to follow up on activities left to be completed. |
|-----|--|--|

*For ALL continuing  
response personnel...*

*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**B. FIRE / EXPLOSION near or directly involving a pipeline facility**

*...the Supervisor or other continuing response personnel should...*

|    |  |  |
|----|--|--|
| 1. | <i>Consult with the First Responder for a briefing about the emergency, actions already taken, and the best course of continued action.</i>  | If safe to do so, consult with the First Responder to learn specific information about the emergency and what actions have been taken to that point. Also confer with the First Responder regarding the recommended best course of continued action, to ensure that all pertinent details about the emergency are considered.  |
| 2. | <i>Verbally assume control from the First Responder if safe and appropriate.</i>   | The First Responder will remain the Company person in charge at the scene of an emergency until relieved of this duty. Therefore, it is essential to verbally assume control so further action can be coordinated efficiently and safely. However, if the First Responder is better equipped to continue to direct the response operations, consider allowing the First Responder to remain in control.  |
| 3. | <i>Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate.</i> | As necessary, mobilize emergency response personnel, equipment and materials. It may be necessary to contact additional departments associated with the Gas Emergency Team (see <u>Section 1.01</u> ). Refer to the "Internal Incident Reporting Matrix ( <u>Section 3.01 - Exhibit "B"</u> ) to determine telephonic reporting requirements.  |
| 4. | <i>Complete remaining First Responder activities.</i>  | Ensure completion of all remaining First Responder activities.   |
| 5. | <i>Coordinate ongoing response with emergency agencies.</i>  | Work with emergency agencies and other utilities to coordinate emergency response activities. If appropriate, establish a field command post to better direct emergency response. Possible sites may include parking lots, public facilities or fire stations  |
| 6. | <i>Coordinate shut-offs as necessary.</i>  | Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps and records to identify valves, regulator stations, and feeds that supply the affected area. If necessary to shut off natural gas facilities, coordinate these shut-offs in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section. If the event impacts a major feed or purchase point, contact Gas Control to coordinate shut down and alternative gas supply to the area if appropriate. Document all facilities turned-off, to ensure a turn-on is performed. |

# **EMERGENCY RESPONSE PROCEDURES**

## **General Policy: CONTINUING RESPONSE ACTIVITIES**

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|     |  |   |
|-----|--|---|
| 7.  | <i>Verify that all services have been found in the affected area.</i>    | It may be necessary to review company records and information systems to obtain a listing of affected customers to determine that all services are found prior to reinstatement.  |
| 8.  | <i>Restore service to manageable sections if safe and appropriate.</i>   | If safe and appropriate, restore service to manageable section(s) of the outage area. This may be possible particularly if a larger area was initially shut down in order to quickly isolate the emergency. To facilitate restoring service to portions of the total affected area, maintain coordination between repair and service crews.   |
| 9.  | <i>Oversee, make and/or finalize repairs.</i>                            | Complete temporary and/or permanent repairs when safe to do so. This may include requesting additional personnel, equipment, and materials needed for the repairs.  |
| 10. | <i>Test mains and services if required, and/or reintroduce gas.</i>      | Before reinstating damaged mains and services, perform appropriate pressure, strength, and/or leakage tests to verify system integrity, then re-introduce gas into the affected system as necessary.  |
| 11. | <i>Purge all facilities in the affected area when appropriate.</i>       | When necessary and appropriate, purge all facilities in the affected area.  |
| 12. | <i>Perform a leak investigation of the affected area.</i>                | <p>To determine additional leakage does not exist, direct a leak investigation of the affected area, including buildings, mains, services, manholes, and other openings. DO NOT use an FI unit inside a building. Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. The leak investigation prior to a relight shall be conducted by the individual performing the relight. Before allowing individuals who may have been evacuated from structures affected by the situation to return to those structures, a leak investigation should be conducted throughout with a combustible gas indicator to ensure a natural gas hazardous condition does not exist.</p> <p>If leakage is detected, refer to First Responder Checklist (see Section 4.02).</p> |
| 13. | <i>Perform an odorator and/or coordinated sniff test if appropriate.</i> | If appropriate, and especially in the event of an explosion, at least two company representatives should perform odorant level test by both the "sniff" and calibrated "odorator/odorometer" test methods at three different locations in the immediate area within 24 hours.   |
| 14. | <i>Coordinate turn-ons as appropriate.</i>                               | For any facilities which have been shut off, coordinate relights in a safe and efficient manner according to the guidelines in Exhibit "B" of this section.   |

**EMERGENCY  
RESPONSE  
PROCEDURES****General Policy: CONTINUING RESPONSE  
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|     |  |   |
|-----|--|---|
| 15. | <i>Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.</i> | Review for any outstanding tasks or activities that have not been accomplished and complete as appropriate.   |
| 16. | <i>Complete reporting and documentation requirements.</i>  | Complete all required reporting procedures as described in Section 3.01 - Internal Incident Reporting. Also, review and/or complete all documentation as required by the situation, including, but not limited to: Customer Tickets, Leak Reports, Customer Listings, Work Tickets, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the Natural Gas Incident Report. |
| 17. | <i>Conduct a response review or other follow-up activities as appropriate.</i>                         | If appropriate, area management should conduct a response review for the purposes of enhancing emergency response and reducing the risk of similar emergencies occurring. Assist the Accident, Failure, and Incident Investigation Committee (see Section 7.00) if it was necessary for the committee to be convened. Also, be sure to follow up on activities left to be completed.                                      |

***For ALL continuing  
response personnel...***

*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**B. ACT-OF-NATURE / VANDALISM / TERRORISM**

Acts of Nature include Floods, Tornadoes, Earthquakes, and other large-scale natural disasters, which may adversely impact the normal operation of company facilities.

*...the Supervisor or other continuing response personnel should...*

|    |  |  |
|----|--|--|
| 1. | <i>Consult with the First Responder for a briefing about the emergency, actions already taken, and the best course of continued action.</i>  | If safe to do so, consult with the First Responder to learn specific information about the emergency and what actions have been taken to that point. Also confer with the First Responder regarding the recommended best course of continued action, to ensure that all pertinent details about the emergency are considered.  |
| 2. | <i>Verbally assume control from the First Responder if safe and appropriate.</i>   | The First Responder will remain the Company person in charge at the scene of an emergency until relieved of this duty. Therefore, it is essential to verbally assume control so further action can be coordinated efficiently and safely. However, if the First Responder is better equipped to continue to direct the response operations, consider allowing the First Responder to remain in control.  |
| 3. | <i>Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate.</i> | As necessary, mobilize emergency response personnel, equipment and materials. It may be necessary to contact additional departments associated with the Gas Emergency Team (see <u>Section 1.01</u> ). Refer to the "Internal Incident Reporting Matrix" ( <u>Section 3.01 - Exhibit "B"</u> ) to determine telephonic reporting requirements.   |
| 4. | <i>Complete remaining First Responder activities.</i>  | Ensure completion of all remaining First Responder activities.   |
| 5. | <i>Coordinate ongoing response with emergency agencies.</i>  | Work with emergency agencies and other utilities to coordinate emergency response activities. If appropriate, establish a field command post to better direct emergency response. Possible sites may include parking lots, public facilities or fire stations  |
| 6. | <i>Coordinate shut-offs as necessary.</i>  | Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps and records to identify valves, regulator stations, and feeds that supply the affected area. If necessary to shut off natural gas facilities, coordinate these shut-offs in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section. If the event impacts a major feed or purchase point, contact Gas Control to coordinate shut down and alternative gas supply to the area if appropriate. Document all facilities turned-off, to ensure a turn-on is performed. |



# **EMERGENCY RESPONSE PROCEDURES**

## **General Policy: CONTINUING RESPONSE ACTIVITIES**

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|     |  |   |
|-----|--|---|
| 7.  | <i>Verify that all services have been found in the affected area.</i>                                  | It may be necessary to review company records and information systems to obtain a listing of affected customers to determine that all services are found prior to reinstatement.  |
| 8.  | <i>Restore service to manageable sections if safe and appropriate.</i>                                 | If safe and appropriate, restore service to manageable section(s) of the outage area. This may be possible particularly if a larger area was initially shut down in order to quickly isolate the emergency. To facilitate restoring service to portions of the total affected area, maintain coordination between repair and service crews.   |
| 9.  | <i>Oversee, make and/or finalize repairs.</i>  | Complete temporary and/or permanent repairs when safe to do so. This may include requesting additional personnel, equipment, and materials needed for the repairs.  |
| 10. | <i>Test mains and services if required, and/or reintroduce gas.</i>                                    | Before reinstating damaged mains and services, perform appropriate pressure, strength, and/or leakage tests to verify system integrity, then re-introduce gas into the affected system as necessary.  |
| 11. | <i>Purge all facilities in the affected area when appropriate.</i>                                     | When necessary and appropriate, purge all facilities in the affected area.  |
| 12. | <i>Perform a leak investigation of the affected area.</i>  | <p>To determine additional leakage does not exist, direct a leak investigation of the affected area, including buildings, mains, services, manholes, and other openings. DO NOT use an FI unit inside a building. Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. The leak investigation prior to a relight shall be conducted by the individual performing the relight. Before allowing individuals who may have been evacuated from structures affected by the situation to return to those structures, a leak investigation should be conducted throughout with a combustible gas indicator to ensure a natural gas hazardous condition does not exist.</p> <p>If leakage is detected, refer to First Responder Checklist (see Section 4.02).</p> |
| 13. | <i>Coordinate turn-ons as appropriate.</i>   | For any facilities which have been shut off, coordinate relights in a safe and efficient manner according to the guidelines in Exhibit "B" of this section.   |
| 14. | <i>Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.</i> | Review for any outstanding tasks or activities that have not been accomplished and complete as appropriate.   |

**EMERGENCY  
RESPONSE  
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|     |  |   |
|-----|--|---|
| 15. | <i>Complete reporting and documentation requirements.</i>                      | Complete all required reporting procedures as described in Section 3.01 - Internal Incident Reporting. Also, review and/or complete all documentation as required by the situation, including, but not limited to: Customer Tickets, Leak Reports, Customer Listings, Work Tickets, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the Natural Gas Incident Report. |
| 16. | <i>Conduct a response review or other follow-up activities as appropriate.</i> | If appropriate, area management should conduct a response review for the purposes of enhancing emergency response and reducing the risk of similar emergencies occurring. Assist the Accident, Failure, and Incident Investigation Committee (see Section 7.00) if it was necessary for the committee to be convened. Also, be sure to follow up on activities left to be completed.                                      |

***For ALL continuing  
response personnel...***

*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**D. OUTAGE or INTERRUPTION in supply or delivery of gas**

*...the Supervisor or other continuing response personnel should...*

|    |  |  |
|----|--|--|
| 1. | <i>Consult with the First Responder for a briefing about the emergency, actions already taken, and the best course of continued action.</i>  | If safe to do so, consult with the First Responder to learn specific information about the emergency and what actions have been taken to that point. Also confer with the First Responder regarding the recommended best course of continued action, to ensure that all pertinent details about the emergency are considered.  |
| 2. | <i>Verbally assume control from the First Responder if safe and appropriate.</i>   | The First Responder will remain the Company person in charge at the scene of an emergency until relieved of this duty. Therefore, it is essential to verbally assume control so further action can be coordinated efficiently and safely. However, if the First Responder is better equipped to continue to direct the response operations, consider allowing the First Responder to remain in control.  |
| 3. | <i>Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate.</i> | As necessary, mobilize emergency response personnel, equipment and materials. It may be necessary to contact additional departments associated with the Gas Emergency Team (see <u>Section 1.01</u> ). Refer to the "Internal Incident Reporting Matrix" ( <u>Section 3.01 - Exhibit "B"</u> ) to determine telephonic reporting requirements.   |
| 4. | <i>Complete remaining First Responder activities.</i>  | Ensure completion of all remaining First Responder activities.   |
| 5. | <i>Coordinate ongoing response with emergency agencies.</i>  | Work with emergency agencies and other utilities to coordinate emergency response activities. If appropriate, establish a field command post to better direct emergency response. Possible sites may include parking lots, public facilities or fire stations  |
| 6. | <i>Coordinate shut-offs as necessary.</i>  | Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps and records to identify valves, regulator stations, and feeds that supply the affected area. If necessary to shut off natural gas facilities, coordinate these shut-offs in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section. If the event impacts a major feed or purchase point, contact Gas Control to coordinate shut down and alternative gas supply to the area if appropriate. Document all facilities turned-off, to ensure a turn-on is performed. |

# **EMERGENCY RESPONSE PROCEDURES**

## **General Policy: CONTINUING RESPONSE ACTIVITIES**

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|     |  |   |
|-----|--|---|
| 7.  | <i>Verify that all services have been found in the affected area.</i>                                  | It may be necessary to review company records and information systems to obtain a listing of affected customers to determine that all services are found prior to reinstatement.  |
| 8.  | <i>Restore service to manageable sections if safe and appropriate.</i>                                 | If safe and appropriate, restore service to manageable section(s) of the outage area. This may be possible particularly if a larger area was initially shut down in order to quickly isolate the emergency. To facilitate restoring service to portions of the total affected area, maintain coordination between repair and service crews.   |
| 9.  | <i>Oversee, make and/or finalize repairs.</i>  | Complete temporary and/or permanent repairs when safe to do so. This may include requesting additional personnel, equipment, and materials needed for the repairs.  |
| 10. | <i>Test mains and services if required, and/or reintroduce gas.</i>                                    | Before reinstating damaged mains and services, perform appropriate pressure, strength, and/or leakage tests to verify system integrity, then re-introduce gas into the affected system as necessary.  |
| 11. | <i>Purge all facilities in the affected area when appropriate.</i>                                     | When necessary and appropriate, purge all facilities in the affected area.  |
| 12. | <i>Perform a leak investigation of the affected area.</i>  | <p>To determine additional leakage does not exist, direct a leak investigation of the affected area, including buildings, mains, services, manholes, and other openings. DO NOT use an FI unit inside a building. Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. The leak investigation prior to a relight shall be conducted by the individual performing the relight. Before allowing individuals who may have been evacuated from structures affected by the situation to return to those structures, a leak investigation should be conducted throughout with a combustible gas indicator to ensure a natural gas hazardous condition does not exist.</p> <p>If leakage is detected, refer to First Responder Checklist (see Section 4.02).</p> |
| 13. | <i>Coordinate turn-ons as appropriate.</i>   | For any facilities that have been shut off, coordinate relights in a safe and efficient manner according to the guidelines in Exhibit "B" of this section.  |
| 14. | <i>Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.</i> | Review for any outstanding tasks or activities that have not been accomplished and complete as appropriate.   |

**EMERGENCY  
RESPONSE  
PROCEDURES****General Policy: CONTINUING RESPONSE  
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|     |  |  |
|-----|--|--|
| 15. | <i>Complete reporting and documentation requirements.</i>                      | Complete all required reporting procedures as described <u>Section 3.01 - Internal Incident Reporting</u> . Also, review and/or complete all documentation as required by the situation, including, but not limited to: Customer Tickets, Leak Reports, Customer Listings, Work Tickets, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the Natural Gas Incident Report. |
| 16. | <i>Conduct a response review or other follow-up activities as appropriate.</i> | If appropriate, area management should conduct a response review for the purposes of enhancing emergency response and reducing the risk of similar emergencies occurring. Assist the Accident, Failure, and Incident Investigation Committee (see <u>Section 7.00</u> ) if it was necessary for the committee to be convened. Also, be sure to follow up on activities left to be completed.                                   |

*For ALL continuing  
response personnel...*

*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**E. OVERPRESSURIZATION**

*...the Supervisor or other continuing response personnel should...*

|    |  |  |
|----|--|--|
| 1. | <i>Consult with the First Responder for a briefing about the emergency, actions already taken, and the best course of continued action.</i>  | If safe to do so, consult with the First Responder to learn specific information about the emergency and what actions have been taken to that point. Also confer with the First Responder regarding the recommended best course of continued action, to ensure that all pertinent details about the emergency are considered.  |
| 2. | <i>Verbally assume control from the First Responder if safe and appropriate.</i>   | The First Responder will remain the Company person in charge at the scene of an emergency until relieved of this duty. Therefore, it is essential to verbally assume control so further action can be coordinated efficiently and safely. However, if the First Responder is better equipped to continue to direct the response operations, consider allowing the First Responder to remain in control.  |
| 3. | <i>Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate.</i> | As necessary, mobilize emergency response personnel, equipment and materials. It may be necessary to contact additional departments associated with the Gas Emergency Team (see <u>Section 1.01</u> ). Refer to the "Internal Incident Reporting Matrix" ( <u>Section 3.01 - Exhibit "B"</u> ) to determine telephonic reporting requirements.   |
| 4. | <i>Complete remaining First Responder activities.</i>  | Ensure completion of all remaining First Responder activities. After pressure is returned to normal, an evaluation must be made to determine if system integrity was compromised.  |
| 5. | <i>Coordinate ongoing response with emergency agencies.</i>  | Work with emergency agencies and other utilities to coordinate emergency response activities. If appropriate, establish a field command post to better direct emergency response. Possible sites may include parking lots, public facilities or fire stations  |
| 6. | <i>Coordinate shut-offs as necessary.</i>  | Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps and records to identify valves, regulator stations, and feeds that supply the affected area. If necessary to shut off natural gas facilities, coordinate these shut-offs in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section. If the event impacts a major feed or purchase point, contact Gas Control to coordinate shut down and alternative gas supply to the area if appropriate. Document all facilities turned-off, to ensure a turn-on is performed. |

# **EMERGENCY RESPONSE PROCEDURES**

## **General Policy: CONTINUING RESPONSE ACTIVITIES**

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|     |  |   |
|-----|--|---|
| 7.  | <i>Verify that all services have been found in the affected area.</i>                                  | It may be necessary to review company records and information systems to obtain a listing of affected customers to determine that all services are found prior to reinstatement.  |
| 8.  | <i>Restore service to manageable sections if safe and appropriate.</i>                                 | If safe and appropriate, restore service to manageable section(s) of the outage area. This may be possible particularly if a larger area was initially shut down in order to quickly isolate the emergency. To facilitate restoring service to portions of the total affected area, maintain coordination between repair and service crews.   |
| 9.  | <i>Oversee, make and/or finalize repairs.</i>  | Complete temporary and/or permanent repairs when safe to do so. This may include requesting additional personnel, equipment, and materials needed for the repairs.  |
| 10. | <i>Test mains and services if required, and/or reintroduce gas.</i>                                    | Before reinstating damaged mains and services, perform appropriate pressure, strength, and/or leakage tests to verify system integrity, then re-introduce gas into the affected system as necessary.  |
| 11. | <i>Purge all facilities in the affected area when appropriate.</i>                                     | When necessary and appropriate, purge all facilities in the affected area.  |
| 12. | <i>Perform a leak investigation of the affected area.</i>  | <p>To determine additional leakage does not exist, direct a leak investigation of the affected area, including buildings, mains, services, manholes, and other openings. DO NOT use an FI unit inside a building. Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. The leak investigation prior to a relight shall be conducted by the individual performing the relight. Before allowing individuals who may have been evacuated from structures affected by the situation to return to those structures, a leak investigation should be conducted throughout with a combustible gas indicator to ensure a natural gas hazardous condition does not exist.</p> <p>If leakage is detected, refer to First Responder Checklist (see Section 4.02).</p> |
| 13. | <i>Coordinate turn-ons as appropriate.</i>   | For any facilities which have been shut off, coordinate relights in a safe and efficient manner according to the guidelines in Exhibit "B" of this section.   |
| 14. | <i>Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.</i> | Review for any outstanding tasks or activities that have not been accomplished and complete as appropriate.   |

**EMERGENCY  
RESPONSE  
PROCEDURES****General Policy: CONTINUING RESPONSE  
ACTIVITIES**

2/10/05

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|     |  |   |
|-----|--|---|
| 15. | <i>Complete reporting and documentation requirements.</i>                      | Complete all required reporting procedures as described in <u>Section 3.01 - Internal Incident Reporting</u> . Also, review and/or complete all documentation as required by the situation, including, but not limited to: Customer Tickets, Leak Reports, Customer Listings, Work Tickets, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the Natural Gas Incident Report. |
| 16. | <i>Conduct a response review or other follow-up activities as appropriate.</i> | If appropriate, area management should conduct a response review for the purposes of enhancing emergency response and reducing the risk of similar emergencies occurring. Assist the Accident, Failure, and Incident Investigation Committee (see <u>Section 7.00</u> ) if it was necessary for the committee to be convened. Also, be sure to follow up on activities left to be completed.                                      |

***For ALL continuing  
response personnel...***

*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*



**F. CUT LINE / RELEASE OF GAS**

*...the Supervisor or other continuing response personnel should...*

|    |  |  |
|----|--|--|
| 1. | <i>Consult with the First Responder for a briefing about the emergency, actions already taken, and the best course of continued action.</i>  | If safe to do so, consult with the First Responder to learn specific information about the emergency and what actions have been taken to that point. Also confer with the First Responder regarding the recommended best course of continued action, to ensure that all pertinent details about the emergency are considered.  |
| 2. | <i>Verbally assume control from the First Responder if safe and appropriate.</i>   | The First Responder will remain the Company person in charge at the scene of an emergency until relieved of this duty. Therefore, it is essential to verbally assume control so further action can be coordinated efficiently and safely. However, if the First Responder is better equipped to continue to direct the response operations, consider allowing the First Responder to remain in control.  |
| 3. | <i>Contact additional personnel as necessary, including Field Management, Construction Crews, Dispatching, Customer Contact Center and/or Engineering Services if appropriate.</i> | As necessary, mobilize emergency response personnel, equipment and materials. It may be necessary to contact additional departments associated with the Gas Emergency Team (see <u>Section 1.01</u> ). Refer to the "Internal Incident Reporting Matrix" ( <u>Section 3.01 - Exhibit "B"</u> ) to determine telephonic reporting requirements.   |
| 4. | <i>Complete remaining First Responder activities.</i>  | Ensure completion of all remaining First Responder activities.   |
| 5. | <i>Coordinate ongoing response with emergency agencies.</i>  | Work with emergency agencies and other utilities to coordinate emergency response activities. If appropriate, establish a field command post to better direct emergency response. Possible sites may include parking lots, public facilities or fire stations  |
| 6. | <i>Coordinate shut-offs as necessary.</i>  | Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps and records to identify valves, regulator stations, and feeds that supply the affected area. If necessary to shut off natural gas facilities, coordinate these shut-offs in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section. If the event impacts a major feed or purchase point, contact Gas Control to coordinate shut down and alternative gas supply to the area if appropriate. Document all facilities turned-off, to ensure a turn-on is performed. |

|     |  |   |
|-----|--|---|
| 7.  | <i>Verify that all services have been found in the affected area.</i>                                  | It may be necessary to review company records and information systems to obtain a listing of affected customers to determine that all services are found prior to reinstatement.  |
| 8.  | <i>Restore service to manageable sections if safe and appropriate.</i>                                 | If safe and appropriate, restore service to manageable section(s) of the outage area. This may be possible particularly if a larger area was initially shut down in order to quickly isolate the emergency. To facilitate restoring service to portions of the total affected area, maintain coordination between repair and service crews.   |
| 9.  | <i>Oversee, make and/or finalize repairs.</i>  | Complete temporary and/or permanent repairs when safe to do so. This may include requesting additional personnel, equipment, and materials needed for the repairs.  |
| 10. | <i>Test mains and services if required, and/or reintroduce gas.</i>                                    | Before reinstating damaged mains and services, perform appropriate pressure, strength, and/or leakage tests to verify system integrity, then re-introduce gas into the affected system as necessary.  |
| 11. | <i>Purge all facilities in the affected area when appropriate.</i>                                     | When necessary and appropriate, purge all facilities in the affected area.  |
| 12. | <i>Perform a leak investigation of the affected area.</i>  | <p>To determine additional leakage does not exist, direct a leak investigation of the affected area, including buildings, mains, services, manholes, and other openings. DO NOT use an FI unit inside a building. Leak investigations should continue throughout the emergency response activity as appropriate to monitor and re-verify existing or potential hazardous conditions. The leak investigation prior to a relight shall be conducted by the individual performing the relight. Before allowing individuals who may have been evacuated from structures affected by the situation to return to those structures, a leak investigation should be conducted throughout with a combustible gas indicator to ensure a natural gas hazardous condition does not exist.</p> <p>If leakage is detected, refer to First Responder Checklist (see Section 4.02).</p> |
| 13. | <i>Coordinate turn-ons as appropriate.</i>   | For any facilities that have been shut off, coordinate relights in a safe and efficient manner according to the guidelines in <u>Exhibit "B"</u> of this section.   |
| 14. | <i>Assess the situation for any unfinished activities or "loose ends" and complete as appropriate.</i> | Review for any outstanding tasks or activities that have not been accomplished and complete as appropriate.   |

|     |  |   |
|-----|--|---|
| 15. | <i>Complete reporting and documentation requirements.</i>                      | Complete all required reporting procedures as described in <u>Section 3.01 - Internal Incident Reporting</u> . Also, review and/or complete all documentation as required by the situation, including, but not limited to: Customer Tickets, Leak Reports, Customer Listings, Work Tickets, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the Natural Gas Incident Report. |
| 16. | <i>Conduct a response review or other follow-up activities as appropriate.</i> | If appropriate, area management should conduct a response review for the purposes of enhancing emergency response and reducing the risk of similar emergencies occurring. Assist the Accident, Failure, and Incident Investigation Committee (see <u>Section 7.00</u> ) if it was necessary for the committee to be convened. Also, be sure to follow up on activities left to be completed.                                      |

*For ALL continuing  
response personnel...*

*Response activities end when the emergency or public safety situation ends, or when a supervisor, other qualified employee or contractor, recognized public official, or emergency authority **verbally** assumes control.*

**WARNING**

*Use extreme caution and follow all appropriate Company safety practices.*

**REFERENCES**

DOT CFR Title 49, Part 192.615  
— Emergency plans.  
DOT CFR Title 49, Part 195.402(e)  
— Emergency.

### **SHUT-OFFS AND TURN-ONS**

In an Emergency if it becomes necessary to shut off natural gas facilities, coordinate these shut-offs and relights in a safe and efficient manner according to these guidelines:

#### **Supporting Documentation**

For shut-off/relight operations, personnel will document address and meter number information for those customers effected, and submit it to the Supervisor and/or Shut-off/Relight Coordinator. To assist in the shut-off/relight operation, the Gas Dispatch Center can generate a listing of metered customers from the Automated Route (Meter Reading) Control System (ARCS) by providing the meter route number(s). If the meter route is unknown, provide the Gas Dispatch Center with any of the following information: town, street name(s) and/or the block number(s) affected. In addition to the ARCS report, customer listings can be generated by using a "Curb Box Location Report" in the former VEDO territory and the GIS system in the former SIGECO territory. Field personnel including the Field Command Post, if established, may need multiple copies of these lists.

In the FORMER IGC Area, the Curtailment Manual may also be useful for Large Volume Customers, which, along with Human Needs Customers, should be considered critical and restored as soon as possible.

#### **Processing the Shut-Offs and Turn-Ons**

The Supervisor and/or Shut-off/Relight Coordinator will select shut-off and turn-on assignments.

Employees performing the shut-offs should turn the gas off at the service riser, meter set or curb valve, and document which valve was turned off. All service riser and meter bar valves should be locked or pinned to prevent unauthorized turn-on. Inside meters that cannot be shut-off at the meter set or curb valve should be noted for a possible forced entry with police and fire officials. Service lines should be excavated, cut, and capped after exhausting all other shut-off methods.

Employees should briefly explain the reason for the shut-off, *and* that gas service will be restored as quickly as possible. If the customer is not available, leave a Service Call Tag.

**Before restoring the distribution system, the area supervisor must determine that all customers in the affected area have been shut-off and that all repairs, tests, and other emergency procedures have been completed.**

Once supervision has determined all necessary steps have been taken in order to restore the system, including proper purging and leak investigation, personnel will begin the customer relight. Customer relight information will be matched against the shut-off listing to verify that all customers are back in service. For those customers who remain off, a Service Call Tag will be left with instructions on calling in for a relight. If unable to gain access to relight customers during freezing conditions, consider possible forced entry accompanied by the appropriate public agency. A copy of outstanding relight customers should be forwarded to Dispatching.

**DO NOT restore gas to defective appliances.**

***EXHIBIT “B”***

**TURN-ONS/RELIGHTS**

|  |   |
|--|---|
| <i>To begin the turn-on process...</i>                                 | <ul style="list-style-type: none"><li>• Verify the address.</li><li>• Verify and document the meter number.</li><li>• Follow any special instructions on the Service Order.</li><li>• Record the meter reading.</li><li>• Verify that piping is connected to the meter bar.</li></ul>   |
| <i>If performing a turn-on after a leak investigation or repair...</i> | <ul style="list-style-type: none"><li>• Conduct a leak investigation of the affected area, including buildings, mains, services, manholes and other openings just prior to proceeding with the turn-on. If leakage is detected, find the source of the leak and repair. Do not proceed with the turn-on until gas that has accumulated due to leakage is properly ventilated.</li></ul>   |
| <i>To continue with the turn-on, enter the premises and...</i>         | <ul style="list-style-type: none"><li>• Conduct an initial walk-through assessment of customer facilities (appliances, equipment, venting, piping, and connections) to determine:<ul style="list-style-type: none"><li>– the scope of activities to be performed</li><li>– if continuing with the turn-on appears to be appropriate</li></ul></li></ul> <p><b>NOTE:</b> If you cannot confirm nor provide proper termination of customer fuel lines, document as “Not Ready” and DO NOT PROCEED with the turn on. The customer is responsible for connecting their piping to the outlet of the meter set. Exceptions may be made to accommodate emergency heat situations or as approved by supervision.</p> <ul style="list-style-type: none"><li>• Open shutoff valves on properly terminated fuel lines.</li><li>• Slowly turn on the meter.</li><li>• Perform a leakage test using the meter test hand method</li><li>• For inside meters, a leak survey of the piping from the house wall to and including meter setting should be conducted. This survey is to satisfy DOT regulatory requirements which require a leak survey every 3 years.</li><li>• If a shut-off valve has been opened to a section of pipe, and that pipe is properly terminated and verified by testing to be pressure tight, return the valve to the closed position if no appliance(s) are connected downstream.</li></ul> |
| <i>If the test reveals (unacceptable) leakage</i>                      | <ul style="list-style-type: none"><li>• Discontinue the gas service at the meter valve or curb valve as appropriate.</li></ul>  |

|   |   |
|---|---|
| <i>that cannot be isolated<br/>with proper piping<br/>termination...</i>                  | <b>NOTE:</b> Leakage less than 2 SCFH and not detectable in the atmosphere with a CGI and which, in the judgment of the field technician is in a safe location where gas will not accumulate, is permissible for existing gas services. Complete a Yellow Tag (Unsafe condition tag) to inform the customer of the condition. No leakage is permissible for turn-ons on new gas services.   |
| <i>If the leakage test<br/>reveals no leaks...</i>  | <ul style="list-style-type: none"><li>• Perform a general assessment of customer facilities</li></ul>   |
| <i>Evaluate service<br/>regulator</i>   | <ul style="list-style-type: none"><li>• Check and adjust the regulator for proper pressure delivery and lock up for applications over standard delivery. Also adjust the relief valve if appropriate</li></ul>  |
| <i>Evaluate piping<br/>Evaluate all appliances</i>  | <ul style="list-style-type: none"><li>• Piping must be of proper material.</li><li>• Appliances and venting must be located away from areas of unsafe storage or use of volatile and flammable liquids and vapors or unstable materials.</li><li>• Appliances must be installed with adequate protection and clearances, and at a proper height.</li><li>• Appliance shut-off valves must be present and properly accessible.</li></ul> |
| <i>Evaluate venting</i>   | <ul style="list-style-type: none"><li>• Venting must be present.</li><li>• The vent piping must be in good condition.</li><li>• The vent piping must be the proper size, slope and material.</li></ul>  |
| <i>Evaluate water<br/>heater(s)</i>   | <ul style="list-style-type: none"><li>• The water supply must be connected to the water heater(s).</li><li>• A T &amp; P valve must be present, unrestricted, and in good condition.</li></ul>  |
| <i>Evaluate mobile home<br/>equipment</i>   | <ul style="list-style-type: none"><li>• Equipment must be listed for manufactured housing.</li></ul>  |
| <i>Purge air at<br/>appliance(s)<br/><br/>Perform an<br/>atmospheric safety<br/>check</i> | <ul style="list-style-type: none"><li>• When purging, perform a sniff test for gas odorant and document as required.</li><li>• Using a CGI, personal gas monitor or other approved gas detection equipment, the employee performing the relight shall conduct an atmospheric safety check just prior to lighting the appliance(s).</li></ul>  |

|   |  |
|---|--|
| <i>Light all appropriate*<br/>appliances...</i>   | <ul style="list-style-type: none"><li>• <i>Initial</i> appliance start-ups should be performed only by the installing dealer.</li></ul> <p><i>Safety Note: Safety glasses are required during appliance relighting</i></p> <ul style="list-style-type: none"><li>• Technicians should not light unvented heaters in bedrooms and bathrooms.</li></ul>      |
| <i>Once burners have<br/>ignited, evaluate<br/>appliance operation...</i>                           | <ul style="list-style-type: none"><li>• Burners must ignite quickly and properly.</li><li>• Burner flames must be characteristic of proper combustion (i.e., no floating flames, nor flames which are too yellow or orange in appearance).</li><li>• The appliance must be free of leakage.</li><li>• The appliance must be drafting adequately.</li></ul> |
|   | Note: If the technician discovers any immediate hazard or unsafe equipment , tag and leave in a safe manner  |
| <i>Then, once the<br/>assessments and<br/>customer facility<br/>activations are<br/>complete...</i> | <ul style="list-style-type: none"><li>• Complete all appropriate communication with the customer and documentation</li></ul>   |

\* "Appropriate appliances" are those standard and familiar pieces of equipment with which the person conducting the light-up is comfortable. For unfamiliar and/or non-standard equipment, refer the light-up to a qualified equipment or appliance dealer.



***EXHIBIT “C”***

## Pipeline Failure Investigation Report

Pipeline System: Vectren Energy Delivery of Indiana

Operator: Southern Indiana Gas & Electric Co.

Location: 20 N.W. Fourth St., Evansville, IN 47708-1724

Date of Occurrence: 4/03/04

Medium Released: Natural Gas

Quantity: \_\_\_\_\_

OPS Arrival Time & Date: 7:10pm CST 4/03/04

Total Damages \$: 605,000

Investigation Responsibility: ☒ State

☐ OPS

☐ NTSB

Other \_\_\_\_\_

Company Reported Apparent Cause:

☐ Corrosion

☐ Damage by Outside Force

☐ Damage by Natural Forces

☐ Accidentally Caused by the Operator

☐ Construction/Material Defect

☐ Equipment Malfunction

☒ Other Unknown

Rupture ? ☒ Yes ☐ No

Leak ? ☒ Yes ☐ No

Fire? ☒ Yes ☐ No

Explosion?: ☒ Yes ☐ No

Evacuation?: ☒ Yes ☐ No

Number of Persons? 20

Area? \_\_\_\_\_

### Narrative Summary

One paragraph summary description of the Incident/Accident which will give interested persons sufficient information to make them aware of the basic scenario and facts.

While changing out water meters in the area, the Evansville Water Utility or its contractor, EA-2, accessed a valve box with a lid marked "Gas" assuming it provided access to the water shut-off valve. A Water Utility employee then turned the valve within the valve box causing the failure of a 1/2" PE plastic service line serving 3307 Lincoln Ave. The valve was not turned to the closed position after the line was damaged. The gas service line had been inserted through the valve. Gas facilities had been replaced in the area in June of 2001, and abandoned facilities were used as conduits through which to install the gas new facilities. KLP Construction Company was the contractor hired by Southern Indiana Gas and Electric Company d/b/a Vectren Energy Delivery of Indiana, Inc (SIGECO) for that replacement project. The shut-off valve that had served as the original valve, through which the plastic replacement line ran, was left operational when the replacement was completed in 2001. Water Utility personnel alerted SIGECO to the fact the damage had occurred to gas facilities. In response, SIGECO dispatched a service employee (first responder) to the scene of the damaged gas service line. The employee attempted to shut the gas valve off, but was unable to do so. The employee stated by using a "Trac-it" gas detector that it gave indication the gas was venting from the valve box. The instrument cleared when held around the meter set at the house foundation. A SIGECO two-man crew was then dispatched to access the 1/2" service line and repair the damage to it. Upon arrival at the damaged gas line, the two-man crew shut the gas curb valve off, shut the gas off by squeezing off the 1/2" plastic upstream of the valve, and repaired the damaged facilities. Although no CGI (Combustible Gas Indicator) instrument was used inside or outside the above address to determine LEL, one of the SIGECO crew members attempted to re-light appliances to finalize the service restoration to 3307 Lincoln Ave. The natural gas present in the structure ignited causing an explosion. The resident of the home and a visitor were present in the home at the time of the explosion, and suffered fatal injuries. The serviceman who performed the re-light was burned and received in-patient treatment.

Region/State: Central/Indiana

Reviewed by: \_\_\_\_\_

Principle Investigator: Michael A. Orr

Title: \_\_\_\_\_

Date: August 24, 2004

Date: \_\_\_\_\_

| <i>Failure Location &amp; Response</i>   |  |   |   |   |  |   |   |
|--|--|---|---|---|--|---|---|
| Location (City, Township, Range, County/Parish):<br><b>Evansville, T6S, R10W, Vanderburgh</b>  |  |   | (Acquire Map)                                       |   |  |   |   |
| Address or M.P. on Pipeline:<br><b>3307 Lincoln Ave.</b>   |  | Type of Area (Rural, City):<br><b>City</b>  |   |   |  |   |   |
| Date: <b>4/03/04</b>   |  | Time of Failure: <b>Unknown</b>   |   |   |  |   |   |
| Time Detected: <b>Unknown</b>  |  | Time Located: <b>Vectren arrival 8:29AM CST</b>   |   |   |  |   |   |
| How Located: <b>Water Utility representative smelled and heard gas blowing</b>   |  |   |   |   |  |   |   |
| NRC Report #: <b>717824</b>  |  | Time Reported to NRC: <b>12:59 PM CST</b>   |   |   |  |   |   |
|  |  | Reported by: <b>Rick Slagle</b>   |   |   |  |   |   |
| <b>Type of Pipeline:</b> <table style="width:100%; margin-top: 10px;"> <tr> <td style="text-align: center; width: 25%;"> <b>Gas Distribution</b><br/> <input type="checkbox"/> LP<br/> <input type="checkbox"/> Municipal<br/> <input checked="" type="checkbox"/> Public Utility<br/> <input type="checkbox"/> Master Meter </td> <td style="text-align: center; width: 25%;"> <b>Gas Transmission</b><br/> <input type="checkbox"/> Interstate Gas<br/> <input type="checkbox"/> Intrastate Gas<br/> <input type="checkbox"/> Jurisdictional Gas Gathering<br/> <input type="checkbox"/> Offshore Gas<br/> <input type="checkbox"/> Offshore Gas - High H<sub>2</sub>S </td> <td style="text-align: center; width: 25%;"> <b>Hazardous Liquid</b><br/> <input type="checkbox"/> Interstate Liquid<br/> <input type="checkbox"/> Intrastate Liquid<br/> <input type="checkbox"/> Offshore Liquid<br/> <input type="checkbox"/> Jurisdictional Liquid Gathering<br/> <input type="checkbox"/> CO<sub>2</sub> </td> <td style="text-align: center; width: 25%;"> <b>LNG</b><br/> <input type="checkbox"/> LNG Facility </td> </tr> </table> |  |   |   | <b>Gas Distribution</b><br><input type="checkbox"/> LP<br><input type="checkbox"/> Municipal<br><input checked="" type="checkbox"/> Public Utility<br><input type="checkbox"/> Master Meter | <b>Gas Transmission</b><br><input type="checkbox"/> Interstate Gas<br><input type="checkbox"/> Intrastate Gas<br><input type="checkbox"/> Jurisdictional Gas Gathering<br><input type="checkbox"/> Offshore Gas<br><input type="checkbox"/> Offshore Gas - High H <sub>2</sub> S | <b>Hazardous Liquid</b><br><input type="checkbox"/> Interstate Liquid<br><input type="checkbox"/> Intrastate Liquid<br><input type="checkbox"/> Offshore Liquid<br><input type="checkbox"/> Jurisdictional Liquid Gathering<br><input type="checkbox"/> CO <sub>2</sub> | <b>LNG</b><br><input type="checkbox"/> LNG Facility |
| <b>Gas Distribution</b><br><input type="checkbox"/> LP<br><input type="checkbox"/> Municipal<br><input checked="" type="checkbox"/> Public Utility<br><input type="checkbox"/> Master Meter  | <b>Gas Transmission</b><br><input type="checkbox"/> Interstate Gas<br><input type="checkbox"/> Intrastate Gas<br><input type="checkbox"/> Jurisdictional Gas Gathering<br><input type="checkbox"/> Offshore Gas<br><input type="checkbox"/> Offshore Gas - High H <sub>2</sub> S | <b>Hazardous Liquid</b><br><input type="checkbox"/> Interstate Liquid<br><input type="checkbox"/> Intrastate Liquid<br><input type="checkbox"/> Offshore Liquid<br><input type="checkbox"/> Jurisdictional Liquid Gathering<br><input type="checkbox"/> CO <sub>2</sub> | <b>LNG</b><br><input type="checkbox"/> LNG Facility |   |  |   |   |
| Pipeline Configuration (Regulator Station, Pump Station, Pipeline, etc.):<br><b>Distribution Pipeline</b>  |  |   |   |   |  |   |   |

| <i>Operator/Owner Information</i>                               |  |
|---|--|
| Owner: <b>Vectren Energy Delivery of Indiana, Inc.</b>          | Operator: <b>Southern Indiana Gas &amp; Electric Company</b> |
| Contact: <b>Rick Slagle</b>                                     | Company Official: <b>Rick Scach</b>                          |
| Address: <b>1 N. Main St.<br/>P.O. Box 209</b>                  | Title: <b>Vice President Energy Delivery</b>                 |
| City: <b>Evansville</b> State: <b>IN</b>                        | Address: <b>1 N. Main St.<br/>P.O. Box 209</b>               |
| Phone No.: <b>(812) 491-4611</b> Fax No.: <b>(812) 491-4504</b> | City: <b>Evansville</b> State: <b>IN</b>                     |
| <b>DRUG TESTING</b> <input type="checkbox"/> N/A                |  |
| Contact: <b>Bill Brown</b>                                      | Phone No.: <b>(812) 491-4160</b>                             |

| <i>Damages</i>  |  |
|---|--|
| Product/Gas Loss or Spill <sup>(1)</sup> :  | Estimated Property Damage \$: <b>600,000</b>       |
| Amount Recovered:   | Associated Damages <sup>(2)</sup> \$: <b>5,000</b> |
| Estimated Amount \$: <b>Minimal</b>   |  |
| Description of Property Damage:   |  |
|   |  |
| Customers out of Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number: <b>2</b>                                   |
| Suppliers out of Service: <input type="checkbox"/> Yes <input type="checkbox"/> No            | Number: _____                                      |

(1) Initial Volume Lost or Spilled

(2) Including Cleanup Cost

| Fatalities and Injuries                         |   |                             |          |   |             |   |         |   |
|---|---|-----------------------------|----------|---|-------------|---|---------|---|
| Fatalities:                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | 0 | Contractor: | 0 | Public: | 2 |
| Injuries - Hospitalization:                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | 1 | Contractor: | 0 | Public: | 0 |
| Injuries - Non-Hospitalization:                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | 0 | Contractor: | 0 | Public: | 3 |
| Total Injuries (including Non-Hospitalization): |   |                             | Company: | 1 | Contractor: | 0 | Public: | 5 |

| Name              | Age | M/F | Job Function | Yrs w/ Comp. | Yrs Exp. | Type of Injury           |
|-------------------|-----|-----|--------------|--------------|----------|--------------------------|
| Daisy P. Hardy    | 89  | F   | Public       | N/A          | N/A      | Fatality                 |
| Josie Williams    | 65  | F   | Public       | N/A          | N/A      | Fatality                 |
| Mark Rexing       | 31  | M   | Helper       | 7            | 7        | Burns & Smoke Inhalation |
| Marvin Maxberry   | 80  | M   | Public       | N/A          | N/A      | Smoke Inhalation         |
| Virginia Maxberry | 80  | F   | Public       | N/A          | N/A      | Smoke Inhalation         |
| Dave Ellington    | 35  | M   | Public       | N/A          | N/A      | Smoke Inhalation         |

| Drug/Alcohol Testing   |                |                            |         |      |                  |
|--|----------------|----------------------------|---------|------|------------------|
| <p>Were all employees that could have contributed to the incident, Post Accident tested within the 2 hour time frame for alcohol or the 32 hour time frame for all other drugs?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |                |                            |         |      |                  |
| Job Function   | Time of Test   | Location                   | Results |      | Type of Drug     |
|  |                |                            | Pos.    | Neg. |                  |
| First Responder  | 19:36 military | St. Mary's Occup. Medicine |         | X    | Results received |
| Crew Member  | 19:49 military | St. Mary's Occup. Medicine |         | X    | Results received |
|  |                |                            |         |      |                  |
|  |                |                            |         |      |                  |
|  |                |                            |         |      |                  |

| System Description   |
|--|
| Describe the Operator's System: 60 Psig MAOP Plastic Distribution System |

| Pipe Failure Description  |   |
|---|---|
| Length of Failure (inches, feet, miles):  | Approximately 1-inch  |
| Position (Top, Bottom, include position on pipe, 6 O'clock):  | ρ   |
| Entire circumference  | ρ   |
| Description of Failure (Corrosion Gouge, Seam Split):   |   |
| Tear  |   |
| Laboratory Analysis:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Performed by:   | N/A   |
| Preservation of Failed Section or Component:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes - Method:  |   |
| In Custody of: See attachment #16 for statement below.  |   |
| Develop a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, etc. Bar Hole Test Survey Plot should be outlined with concentrations at test points. Direction of Flow. |   |

| Component Failure Description               |        | <input checked="" type="checkbox"/> N/A |
|---|--------|---|
| Component Failed:                           | p      |   |
| Manufacturer:                               | Model: |   |
| Pressure Rating:                            | Size:  |   |
| Other (Breakout Tank, Underground Storage): |        |   |

| Pipe Data  |                                    | <input type="checkbox"/> N/A |
|--|------------------------------------|------------------------------|
| Material: PE 2406  | Wall Thickness/SDR: 0.090 inch/7/0 |                              |
| Diameter (O.D.): 1/2-inch CTS                            | Installation Date: June 27, 2001   |                              |
| SMYS: N/A  | Manufacturer: Driscopipe           |                              |
| Longitudinal Seam: N/A                                   | Type of Coating: N/A               |                              |
| Pipe Specifications (API 5L, ASTM A53, etc.): ASTM D2513 |                                    |                              |

| Joining     |   | <input checked="" type="checkbox"/> N/A |
|-------------|---|---|
| Type:       | Procedure:  |   |
| NDT Method: | Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

| Pressure @ Time of Failure @ Failure Site |          |           |                               |                             | <input type="checkbox"/> N/A |
|---|----------|-----------|-------------------------------|-----------------------------|------------------------------|
| Pressure @ Failure Site: 55 PSIG          |          |           | Elevation @ Failure Site: N/A |                             |                              |
| Pressure Readings @ Various Locations:    |          |           |                               | Direction from Failure Site |                              |
| Location/M.P./Station #                   | Pressure | Elevation | Upstream                      | Downstream                  |                              |
|   |          |           |                               |                             |                              |
|   |          |           |                               |                             |                              |
|   |          |           |                               |                             |                              |
|   |          |           |                               |                             |                              |

| Upstream Pump Station Data                  |                           | <input checked="" type="checkbox"/> N/A |
|---|---------------------------|---|
| Type of Product:                            | API Gravity:              |   |
| Specific Gravity:                           | Flow Rate:                |   |
| Pressure @ Time of Failure <sup>(3)</sup> : | Distance to Failure Site: |   |
| High Pressure Set Point:                    | Low Pressure Set Point:   |   |

| Upstream Compressor Station Data            |                           | <input checked="" type="checkbox"/> N/A |
|---|---------------------------|---|
| Specific Gravity:                           | Flow Rate:                |   |
| Pressure @ Time of Failure <sup>(3)</sup> : | Distance to Failure Site: |   |
| High Pressure Set Point:                    | Low Pressure Set Point:   |   |

| Operating Pressure                         |   | <input type="checkbox"/> N/A |
|--|---|------------------------------|
| Max. Allowable Operating Pressure: 60 Psig | Determination of MAOP: 100 Psig air pressure test                                       |                              |
| Actual Operating Pressure: 55 Psig         |   |                              |
| Method of Over Pressure Protection: Relief |   |                              |
| Relief Valve Set Point: N/A                | Capacity Adequate?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

(3) Obtain Event Logs and Pressure Recording Charts

*Integrity Test After Failure*☐ N/APressure Test Conducted in place? (Conducted on Failed Components or Associated Piping): ☐ Yes ☒ NoIf NO, Tested after removal?: ☐ Yes ☒ No

Method?:

Describe any failures during the test.

*Pressure Test History*☐ N/A

|               | Date          | Test Medium | Pressure | Duration   | % SMYS |
|---------------|---------------|-------------|----------|------------|--------|
| Installation: | June 27, 2001 | Air         | 100 Psig | 10 minutes | N/A    |
| Last:         |               |             |          |            |        |
| Other:        |               |             |          |            |        |

Any problems occur during any of the Pressure Tests?:

None. 49 CFR 192.725 requires each service line temporarily disconnected from the main must be tested from the point of disconnection to the service line valve in the same manner as a new service line, before reconnecting; however, on April 3, 2004, SIGECO did not pressure test the service line at 3307 Lincoln Avenue.

*Soil/water Conditions @ Failure Site*☐ N/A

Condition of and type of Soil around Failure Site (Color, Wet, Dry, Frost Depth): Wet, Clay soil saturated with odorant at basement wall at location of meter set.

Type of Backfill (Size and Description): N/A

Type of Water (Salt, Brackish): N/A

Water Analysis<sup>(4)</sup>: ☐ Yes ☒ No

(4) Attach Copy of Water Analysis Report

| External Pipe or Component Examination  |   | X  | N/A |
|---|---|--|-----|
| External Corrosion?: <input type="checkbox"/> Yes <input type="checkbox"/> No   | ρ | Coating Condition (Disbonded, Non-existent):                     | ρ   |
| Description of Corrosion:   |   | ρ  |     |
| Description of Failure surface (Gouges, Arc Burns, Wrinkle Bends, Cracks, Stress Cracks, Chevrons, Fracture Mode, Point of Origin): |   |  |     |
| Above Ground: <input type="checkbox"/> Yes <input type="checkbox"/> No  | ρ | Buried: <input type="checkbox"/> Yes <input type="checkbox"/> No | ρ   |
| Stress Inducing Factors:  | ρ | Depth of Cover:  | ρ   |

| Cathodic Protection   |                       | X | N/A |
|---|-----------------------|---|-----|
| P/S (Surface):  | P/S (Interface):      |   |     |
| Soil Resistivity: pH: ,   | Date of Installation: |   |     |
| Method of Protection?:  |                       |   |     |
| Did the Operator have knowledge of Corrosion before the Incident?: <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |   |     |
| How Discovered? (Close Interval Survey, Instrumented Pig, Annual Survey, Rectifier Readings):                               |                       |   |     |

| Internal Pipe or Component Examination  |   | X  | N/A |
|---|---|--|-----|
| Internal Corrosion: <input type="checkbox"/> Yes <input type="checkbox"/> No  | ρ | Injected Inhibitors: <input type="checkbox"/> Yes <input type="checkbox"/> No        |     |
| Type of Inhibitors:   |   | Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No                    |     |
| Results (Coupon Test, Corrosion resistance Probe):  |   |  |     |
| Description of Failure surface (MIC, Pitting, Wall Thinning, Chevrons, Fracture Mode, Point of Origin):                     |   |  |     |
| Cleaning Pig Program: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Gas and/or Liquid Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No |     |
| Results of Gas and/or Liquid Analysis <sup>(5)</sup> :  |   |  |     |
| Internal Inspection Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Results <sup>(6)</sup> :   |     |
| Did the Operator have knowledge of Corrosion before the Incident?: <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |     |
| How Discovered? (Instrumented Pig, Coupon Testing):   |   |  |     |

(5) Attach Copy of Gas and/or Liquid Analysis Report

(6) Attach Copy of Internal Inspection Survey Report

| <i>Outside Force Damage</i>  |  | <input type="checkbox"/> N/A   |
|--|--|--|
| Responsible Party: <b>Evansville Water Utility (EA2)</b>   |  | Telephone No.: <b>(812) 421-2120</b>   |
| Address: <b>1931 Allens Lane, Evansville, Indiana 47720</b>  |  |  |
| Work Being Performed: <b>Water meter replacement</b>   |  |  |
| Equipment Involved: <b>Curb Valve Key</b>  | ρ  | Called One Call System?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| One Call Name: <b>IUPPS</b>  | One Call Report # <sup>(7)</sup> : <b>N/A</b>  |  |
| Notice Date: <b>N/A</b>  | Time: <b>N/A</b>   |  |
| Response Date: <b>N/A</b>  | Time: <b>N/A</b>   |  |
| Details of Response:<br><b>No excavation. Access to Gas facilities was gained through Gas Valve box with lid clearly marked "GAS."</b>                   |  |  |
| Was Location Marked According to Procedures: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  |
| Pipeline Marking Type: <b>N/A</b>  | ρ  | Location: <b>N/A</b> <span style="float: right;">ρ</span>                                    |
| State Law Damage Prevention Program Followed?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No State Law |  |  |
| Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Response Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |  |
| Was Operator Member of State One Call?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Was Operator on Site?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is OSHA Notification Required?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |  |

| <i>Natural Forces</i>                                 | <input checked="" type="checkbox"/> N/A |
|---|---|
| Description (Earthquake, Tornado, Flooding, Erosion): |   |

| <i>Failure Isolation</i>  |                | <input type="checkbox"/> N/A |
|---|----------------|------------------------------|
| Squeeze Off/Stopple Location and Method: <b>Old Service Valve Operation and Squeeze Off PE Service Line</b>   |                | ρ                            |
| Valve Closed - Upstream:  | I.D.:          |                              |
| Time:   | M.P.:          |                              |
| Valve Closed - Downstream:  | I.D.:          |                              |
| Time:   | M.P.:          |                              |
| Pipeline Shutdown Method: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> SCADA <input type="checkbox"/> Controller <input type="checkbox"/> ESD |                |                              |
| Failed Section Bypassed or Isolated: <b>Isolated</b>  |                |                              |
| Performed By: <b>Durbin/Rexing</b>  | Valve Spacing: |                              |

(7) Attach Copy of One Call Report



| Odorization  |  | <input type="checkbox"/> N/A |
|--|--|------------------------------|
| Gas Odorized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Concentration of Odorant (Post Incident at Failure Site):        |                              |
| Method of Determination: <b>Sniff and DTEX</b>   | % LEL:   | % Gas In Air: <b>.49 %</b>   |
|  | Time Taken: <b>3:35 PM CST</b>                                   |                              |
| Was Odorizer Working Prior to the Incident:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Type of Odorizer (Wick, By-Pass): <b>Injection</b>               |                              |
| Odorant Manufacturer: <b>Natural Gas Odorizing</b><br>Model:   | Type of Odorant: <b>RP Captan (V)</b>                            |                              |
| Amount Injected:   | Monitoring Interval (Weekly): <b>Daily-Sniff/ Monthly-Instr.</b> |                              |
| Odorization History (Leaks Complaints, Low Odorant Levels, Monitoring Locations, Distances from Failure Site):<br><b>No indication of abnormalities.</b><br><b>See attachment #8(a) for Concentration of Odorant at site Post Incident using DTEX instrument.</b><br><b>See attachment #8(b) for Concentration of Odorant for SIGECO using DTEX instrument from March 26, 2004 through March 30, 2004.</b> |  |                              |

| Weather Conditions  |                           | <input checked="" type="checkbox"/> N/A |
|---|---------------------------|---|
| Temperature:  | Wind (Direction & Speed): |   |
| Climate (Snow, Rain):   | Humidity:                 |   |
| Was Incident preceded by a rapid weather change: <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |   |
| Weather Conditions Prior to Incident (Cloud Cover, Ceiling Heights, Snow, Rain, Fog):                     |                           |   |

| Gas Migration Survey   |                                       | <input type="checkbox"/> N/A |
|--|---------------------------------------|------------------------------|
| Bar Hole Test of Area: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Equipment Used: <b>GMI Gasurveyor</b> |                              |
| Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) <sup>(8)</sup> : |                                       | p                            |
| <b>Mains, Services, Manholes</b>   |                                       |                              |

| Environment Sensitivity Impact   |  | <input checked="" type="checkbox"/> N/A                             |
|--|--|---|
| Location (Nearest Rivers, Body of Water, Marshlands, Wildlife Refuge, City Water Supplies that could be or were affected by the medium loss.): |  | p   |
| OPA Contingency Plan Available?: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Followed?: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Class Location   |  | <input type="checkbox"/> N/A |
|--|--|------------------------------|
| Class: <b>3</b>  | Determination: <b>Population Density</b> |                              |
| Odorization Required?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                              |

(8) Plot on Site Description Page

**Maps & Records**☐ N/AAre Maps and Records Current?<sup>(9)</sup>:☒ Yes☐ No**Leak Survey History**☐ N/A

Leak Survey History (Trend Analysis, Leak Plots):

**No leaks in area since installation of new facilities in June of 2001.****Pipeline Operation History**☐ N/A

Description (Repair or Leak Reports, Exposed Pipe Reports):

**No operational issues since installation of PE system in June of 2001.**

Did a Safety Related Condition Exist Prior to Failure?:

☐ Yes☒ No

Reported?:

☐ Yes☐ No

Unaccounted For Gas:

Over &amp; Short/Line Balance (24 hr., Weekly, Monthly/Trend):

**Operator/Contractor Error**☐ N/AName: **Williamson, Dennis / Rexing, Mark**Job Function: **First Responder / Crew Member**Title: **Unknown**Years of Experience: **20yrs 6mo. / 7yrs 6mo.**Training (Type of Training, Background): **Operator Qualification and Emergency Response Plan Training**Type of Error (Inadvertent Operation of a Valve): **Not following Emergency Response Plan (ERP)**Procedures that are required: **See Addendum 9(a) on following page.**Actions that were taken: **Not following ERP checklist resulting in a natural gas atmosphere inside 3307 Lincoln Ave. between LEL and UEL.**Pre-Job Meeting (Construction, Maintenance, Blow Down, Purging, Isolation): **Unknown**Prevention of Accidental Ignition (Tag & Lock Out, Hot Weld Permit): **None**Procedures conducted for Accidental Ignition: **Lack of use of GCI instrument to determine the percentage of gas to air inside residence of 3307 Lincoln Ave.**

Was a Company Inspector on the Job?:

☐ Yes☒ No

Was an Inspection conducted on this portion of the Job?:

☐ Yes☒ No

Additional Actions (Contributing factors may include number of hours at work prior to failure or time of day work being conducted):

**See Addendum 9(b) on following two pages.**

(9) Obtain Copies of Maps and Records

**Procedures that are required:**  
**Addendum 9(a)**

Follow its own ERP 4.02 Emergency Response Procedures Checklist which includes maintaining evacuation of area.

**49 CFR 192 requirements:**

49 CFR 192.605(a) *General*. Each operator shall prepare and follow for each pipeline, a manual of written procedures for conducting operations and maintenance activities and emergency response.

49 CFR 192.13(c) Each operator shall maintain, modify as appropriate, and follow the plans, procedures, and programs that it is required to establish under this part.

49 CFR 192.615(b)(2) Each operator shall train the appropriate operating personnel to assure that they are knowledgeable of the emergency procedures and verify that the training is effective.

**Additional Actions:**  
**Addendum 9(b)**

SIGECO has experienced other instances of the Water Utility turning gas valves causing gas leakage prior to this incident. SIGECO has not introduced the use of Excess Flow Valves as a part of all new residential service or re-newed residential service installation nor has they rendered old valves inoperable prior to the incident. See Attachment #9 for Invoice and Facilities Damage Reports charged to Evansville Water for prior non-explosive valve turning instances.

**49 CFR and 170 IAC requirements:**

49 CFR 192.617 Each operator shall establish procedures for analyzing accidents and failures, including the selection of samples of the failed facility or equipment for laboratory examination, where appropriate, for the purpose of determining the causes of the failure and minimizing the possibility of a recurrence.

49 CFR 192.613(a) Each operator shall have a procedure for continuing surveillance of its facilities to determine and take appropriate action concerning changes in class location, failures, leakage history, corrosion, substantial changes in cathodic protection requirements, and other unusual operating and maintenance conditions.

(continued on next page)

## **Addendum 9(b) (continued)**

### **49 CFR 192.703 General.**

(a) No person may operate a segment of pipeline, unless it is maintained in accordance with this subpart.

(b) Each segment of pipeline that becomes unsafe must be replaced, repaired, or removed from service.

(c) Hazardous leaks must be repaired promptly.

**49 CFR 192.725 Each disconnected service line must be tested in the same manner as a new service line, before being reinstated.**

### **170 IAC 5-3-1**

#### **Sec. 1. General.**

(a) In accordance with Indiana Public Law 84, Acts of 1971 (IC 1971, 8-1-22.5) each intrastate gas pipeline operator, having gas facilities within the State of Indiana, shall:

- (1) Construct, operate and maintain its facilities in accordance with Federal safety standards applicable to the transportation of natural and other gas and for pipeline facilities used in this transportation established and in effect, from time to time, pursuant to the Natural Gas Pipeline Safety Act of 1968 (Public Law 90-481, 49 U.S.C., 1671 et seq.) as the same may be amended, with the following supplements contained herein:
- (2) Comply with any other code, standard or regulation contained herein, insofar as any code, standard or regulation is herein made applicable, and
- (3) Be governed, after due notice, by any deletion, addition, revision or amendment thereof.

**Operator/Contractor Error**

N/A

Training Procedures: See Attachment #10(a)

Operation Procedures:

Controller Activities:

| Name | Title | Years Experience | Hours on Duty Prior to Failure | Shift |
|------|-------|------------------|--------------------------------|-------|
|      |       |                  |                                |       |
|      |       |                  |                                |       |
|      |       |                  |                                |       |
|      |       |                  |                                |       |
|      |       |                  |                                |       |

Alarm Parameters:

High/Low Pressure Shutdown:

Flow Rate:

Procedures for Clearing Alarms:

Type of Alarm:

Company Response Procedures for Abnormal Operations:

Over/Short Line Balance Procedures:

Frequency of Over/Short Line Balance:

Additional Actions:

**Additional Actions Taken by the Operator**

Make notes regarding the emergency and Failure Investigation Procedures (Pressure reduction, Reinforced Squeeze Off, Clean Up, Use of Evacuators, Line Purging, closing Additional Valves, Double Block and Bleed, Continue Operating downstream Pumps):

See Attachment #10(b) SIGECO Failure Investigation - Vectren Emergency Response Procedures (Pre-incident) dated 3-28-03.

See Attachment #10(c) SIGECO Post-incident Action Plan.

*Photo Documentation p*

Overall Area from best possible view.  
 Pictures from the four points of the compass.  
 Failed Component.  
 Operator Actions.  
 Damages in Area.  
 Address Markings.

| Photo No. | Description                                  | Roll No. | Photo No. | Description | Roll No. |
|-----------|--|----------|-----------|-------------|----------|
| 1         | Incident site facing South from Lincoln      |          | 1         |             |          |
| 2         | House East of incident site                  |          | 2         |             |          |
| 3         | Incident site facing Southwest               |          | 3         |             |          |
| 4         | Closer to Incident site facing Southwest     |          | 4         |             |          |
| 5         | Incident site facing West                    |          | 5         |             |          |
| 6         | Incident site facing Northwest               |          | 6         |             |          |
| 7         | Incident site facing North                   |          | 7         |             |          |
| 8         | House West of Incident site                  |          | 8         |             |          |
| 9         | Site and house East of site facing Northeast |          | 9         |             |          |
| 10        | Southwest corner of site facing Northeast    |          | 10        |             |          |
| 11        | Garage south of site                         |          | 11        |             |          |
| 12        | Incident site facing Southeast               |          | 12        |             |          |
| 13        | Service line terminated to house west        |          | 13        |             |          |
| 14        | Water valve curb box                         |          | 14        |             |          |
| 15        | PE Main at edge of Lincoln Ave.              |          | 15        |             |          |
| 16        | Meter set at incident site                   |          | 16        |             |          |
| 17        | inside piping at 3307 Lincoln Ave.           |          | 17        |             |          |
| 18        | Basement and Chimney at 3307 Lincoln         |          | 18        |             |          |
| 19        | Steel pipe used for insert at 3307 Lincoln   |          | 19        |             |          |
| 20        | Meter set at incident site                   |          | 20        |             |          |
| 21        | Meter set and piping after removal           |          | 21        |             |          |
| 22        | Close-up Meter to 3307 Lincoln               |          | 22        |             |          |
| 23        | Retired Pipe at basement wall                |          | 23        |             |          |
| 24        |  |          | 24        |             |          |
| 25        |  |          | 25        |             |          |
| 26        |  |          | 26        |             |          |
| 27        |  |          | 27        |             |          |
| 28        |  |          | 28        |             |          |
| 29        |  |          | 29        |             |          |
| 30        |  |          | 30        |             |          |
| 31        |  |          | 31        |             |          |
| 32        |  |          | 32        |             |          |
| 33        |  |          | 33        |             |          |
| 34        |  |          | 34        |             |          |
| 35        |  |          | 35        |             |          |
| 36        |  |          | 36        |             |          |

Type of Camera: **Digital Nikon Coolpix 2100**

Film ASA:

Video Counter Log<sup>(10)</sup>:

(10) Attach Copy of Video Counter Log

| <i>Additional Information Sources</i> |  |
|---------------------------------------|--|
| Phone Number                          | Name   |
| Police: (812) 436-7910                | Contact: Tony Walker                                   |
| Fire Dept.: (812) 435-6235            | Contact: Jesse Storey C.F.I.                           |
| State Fire Marshall:                  | Contact:   |
| State Agency: (317) 232-2717          | Contact: Annmarie Robertson, Director, Pipeline Safety |
| NTSB: (202) 314-6000                  | Contact: Rod Dyck                                      |
| EPA:                                  | Contact:   |
| FBI:                                  | Contact:   |
| ATF:                                  | Contact:   |
| OSHA: (317) 232-1987                  | Contact: Tim Crouse                                    |
| Insurance Co.: (765) 463-8586         | Contact: Darcy Smith, State Farm Insurance             |
| FRA:                                  | Contact:   |
| MMS:                                  | Contact:   |
| Television:                           | Contact:   |
| Televison                             | Contact:   |
| Newspaper:                            | Contact:   |
| Other:                                | Contact:   |

| <i>Persons Interviewed</i> |                                    |                |
|----------------------------|------------------------------------|----------------|
| Name                       | Title                              | Phone Number   |
| Jesse Storey, C.F.I.       | Evansville Fire Dept. Investigator | (812) 435-6235 |
| Gerry S. Mang, CFEI        | American Consulting, Inc.          | (317) 547-5580 |
| Dennis Williamson          | SIGECO, First Responder            |                |
| David Durbin               | SIGECO, Crew Member                |                |
| Mark Rexing                | SIGECO, Crew Member                |                |
| Raymond Reed               | Evansville Water Employee          |                |
| Brad Haskins               | Evansville Water Employee          |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |
|                            |                                    |                |

### *Event Log*

Sequence of events prior, during and after the incident by time. (Consider the events of all parties involved in the incident, Fire Department and Police reports, Operator Logs and other government agencies.)

| Time    | Event  |
|---------|--|
| 7:35am  | Evansville Water Employees arrive at 3307 Lincoln Ave.                 |
| 7:40am  | Evansville Water Employee causes leak by turning valve marked "GAS."   |
| 7:42am  | SIGECO receives call reporting leak.                                   |
| 7:48am  | SIGECO employee (First Responder) dispatched to site of damaged valve. |
| 8:29am  | Arrival time of SIGECO personnel to site of damaged valve.             |
| 10:55am | Approximate time leak was repaired.                                    |
| 11:10am | Time of incident.  |

See Evansville Fire Report Attachment #13



[illegible]

## Failure Investigation Documentation Log

|           |         |        |       |
|-----------|---------|--------|-------|
| Operator: | Unit #: | CPF #: | Date: |
|-----------|---------|--------|-------|

|           |         |        |       |
|-----------|---------|--------|-------|
| Operator: | Unit #: | CPF #: | Date: |
|-----------|---------|--------|-------|

|           |         |        |       |
|-----------|---------|--------|-------|
| Operator: | Unit #: | CPF #: | Date: |
|-----------|---------|--------|-------|

|           |         |        |       |
|-----------|---------|--------|-------|
| Operator: | Unit #: | CPF #: | Date: |
|-----------|---------|--------|-------|

[illegible]

### *Site Description*

Develop a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, etc.. Bar Hole Test Survey Plot should be outlined with concentrations at test points. Photos should be taken from all angles with each photo documented. Additional areas may be needed in any area of this guideline.

**See Exhibit # 16**

## DTEX Test Log

## Exhibit # 8(a)

|                  |          |                  |                  |           |
|------------------|----------|------------------|------------------|-----------|
| Test #:          | 00001    | 3319LINCOLN      | User:            | JOHN BEAR |
| Test Start Date: | 04-03-04 | <Blank>          | Notes:           |           |
| Test Start Time: | 15:35:30 | <Blank>          | DTEX Model:      | DX1000G   |
| TDL Result:      | 0.12%    | <Blank>          | Serial Number:   | 00267     |
| RDL Result:      | 0.49%    | <Blank>          | Test Error Code: | **        |
| Test Time (Sec): | 306      | Altitude (ft): 0 | Test Temp (C):   | 16        |

## DTEX Test Log

|                  |          |                  |                  |           |
|------------------|----------|------------------|------------------|-----------|
| Test #:          | 00002    | 3201LINCOLN      | User:            | JOHN BEAR |
| Test Start Date: | 04-03-04 | <Blank>          | Notes:           |           |
| Test Start Time: | 15:48:11 | <Blank>          | DTEX Model:      | DX1000G   |
| TDL Result:      | 0.12%    | <Blank>          | Serial Number:   | 00267     |
| RDL Result:      | 0.39%    | <Blank>          | Test Error Code: | **        |
| Test Time (Sec): | 17       | Altitude (ft): 0 | Test Temp (C):   | 17        |

## Exhibit # 8(b)

## DTEX Test Log

|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00001    | GRIFFIN            | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 10:35:42 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.00%    | GRIFFIN            | Serial Number:   | 00266         |
| RDL Result:      | 0.12%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 50       | Altitude (ft): 500 | Test Temp (C):   | 21            |
|                  |          |                    |                  |               |
| Test #:          | 00002    | GRIFFIN            | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 10:37:08 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | GRIFFIN            | Serial Number:   | 00266         |
| RDL Result:      | 0.31%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 30       | Altitude (ft): 500 | Test Temp (C):   | 22            |
|                  |          |                    |                  |               |
| Test #:          | 00003    | FT BRANCH          | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 12:08:44 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.00%    | FT BRANCH          | Serial Number:   | 00266         |
| RDL Result:      | 0.04%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 64       | Altitude (ft): 500 | Test Temp (C):   | 22            |
|                  |          |                    |                  |               |
| Test #:          | 00004    | FT BRANCH          | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 12:10:16 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.04%    | FT BRANCH          | Serial Number:   | 00266         |
| RDL Result:      | 0.32%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 20       | Altitude (ft): 500 | Test Temp (C):   | 22            |
|                  |          |                    |                  |               |
| Test #:          | 00005    | PRINCETON FARMS    | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 12:19:59 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.00%    | FT BRANCH          | Serial Number:   | 00266         |
| RDL Result:      | 0.00%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 81       | Altitude (ft): 500 | Test Temp (C):   | 24            |
|                  |          |                    |                  |               |
| Test #:          | 00006    | PRINCETON FARMS    | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 12:21:46 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.02%    | FT BRANCH          | Serial Number:   | 00266         |
| RDL Result:      | 0.25%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 16       | Altitude (ft): 500 | Test Temp (C):   | 24            |
|                  |          |                    |                  |               |
| Test #:          | 00007    | HWY 57             | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 14:13:20 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.00%    | FT BRANCH          | Serial Number:   | 00266         |
| RDL Result:      | 0.12%    | INDIANA            | Test Error Code: | **            |
| Test Time (Sec): | 59       | Altitude (ft): 500 | Test Temp (C):   | 24            |

Exhibit # 8(b)

DTEX Test Log

|                  |          |                    |         |                  |               |
|------------------|----------|--------------------|---------|------------------|---------------|
| Test #:          | 00008    | HWY 57             |         | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:14:59 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | FT BRANCH          |         | Serial Number:   | 00266         |
| RDL Result:      | 0.43%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 18       | Altitude (ft): 500 |         | Test Temp (C):   | 24            |
|                  |          |                    |         |                  |               |
| Test #:          | 00009    | HWY 261            |         | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:16:20 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.00%    | NEWBURGH           |         | Serial Number:   | 00266         |
| RDL Result:      | 0.00%    | INDIANA            | 23345   | Test Error Code: | 64            |
| Test Time (Sec): | 21       | Altitude (ft): 500 |         | Test Temp (C):   | 24            |
|                  |          |                    |         |                  |               |
| Test #:          | 00010    | ELBERFELD          |         | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-26-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:23:59 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.02%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.22%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 66       | Altitude (ft): 500 |         | Test Temp (C):   | 25            |
|                  |          |                    |         |                  |               |
| Test #:          | 00011    | FIVE DOLLAR RD     | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 10:47:36 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.01%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.21%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 31       | Altitude (ft): 500 |         | Test Temp (C):   | 13            |
|                  |          |                    |         |                  |               |
| Test #:          | 00012    | KASSON             | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 11:01:29 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.04%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.40%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 95       | Altitude (ft): 500 |         | Test Temp (C):   | 16            |
|                  |          |                    |         |                  |               |
| Test #:          | 00013    | ST JOE             | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 11:19:11 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.44%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 38       | Altitude (ft): 500 |         | Test Temp (C):   | 17            |
|                  |          |                    |         |                  |               |
| Test #:          | 00014    | FIRST AVE          | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 11:29:43 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.04%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.46%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 87       | Altitude (ft): 500 |         | Test Temp (C):   | 18            |

Exhibit # 8(b)

Page 3 of 5

DTEX Test Log

|                  |          |                    |         |                  |               |
|------------------|----------|--------------------|---------|------------------|---------------|
| Test #:          | 00015    | CLAREMONT          | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 11:56:50 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.02%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.31%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 75       | Altitude (ft): 500 |         | Test Temp (C):   | 18            |
|                  |          |                    |         |                  |               |
| Test #:          | 00016    | INGLE              | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 12:06:47 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.04%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.50%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 71       | Altitude (ft): 500 |         | Test Temp (C):   | 20            |
|                  |          |                    |         |                  |               |
| Test #:          | 00017    | PARRETT            | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 12:16:56 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.09%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.90%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 102      | Altitude (ft): 500 |         | Test Temp (C):   | 21            |
|                  |          |                    |         |                  |               |
| Test #:          | 00018    | GOVERNOR           | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 12:26:12 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.09%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.75%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 90       | Altitude (ft): 500 |         | Test Temp (C):   | 21            |
|                  |          |                    |         |                  |               |
| Test #:          | 00019    | GILBERT            | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 12:43:47 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.52%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 29       | Altitude (ft): 500 |         | Test Temp (C):   | 21            |
|                  |          |                    |         |                  |               |
| Test #:          | 00020    | SOUTH BOEKE        | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:04:00 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.05%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.46%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 133      | Altitude (ft): 500 |         | Test Temp (C):   | 20            |
|                  |          |                    |         |                  |               |
| Test #:          | 00021    | COVERT             | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:11:27 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.02%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.38%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 140      | Altitude (ft): 500 |         | Test Temp (C):   | 21            |

Exhibit # 8(b)

Page 4 of 5

DTEX Test Log

|                  |          |                    |         |                  |               |
|------------------|----------|--------------------|---------|------------------|---------------|
| Test #:          | 00022    | POLLACK            | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:23:42 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.02%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.36%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 109      | Altitude (ft): 500 |         | Test Temp (C):   | 21            |
|                  |          |                    |         |                  |               |
| Test #:          | 00023    | FUQUAY             | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:31:42 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.41%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 26       | Altitude (ft): 500 |         | Test Temp (C):   | 22            |
|                  |          |                    |         |                  |               |
| Test #:          | 00024    | STOCKWELL          | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:45:19 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.02%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.38%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 81       | Altitude (ft): 500 |         | Test Temp (C):   | 22            |
|                  |          |                    |         |                  |               |
| Test #:          | 00025    | VANN               | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 14:56:06 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.05%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.51%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 21       | Altitude (ft): 500 |         | Test Temp (C):   | 24            |
|                  |          |                    |         |                  |               |
| Test #:          | 00026    | MORGAN             | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 15:13:44 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.06%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.57%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 32       | Altitude (ft): 500 |         | Test Temp (C):   | 22            |
|                  |          |                    |         |                  |               |
| Test #:          | 00027    | HWY 41             | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 15:19:47 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.30%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 109      | Altitude (ft): 500 |         | Test Temp (C):   | 24            |
|                  |          |                    |         |                  |               |
| Test #:          | 00028    | BERGDOLT           | ✓       | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            |         | Notes:           |               |
| Test Start Time: | 15:42:47 | <Blank>            |         | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.01%    | EVANSVILLE         |         | Serial Number:   | 00266         |
| RDL Result:      | 0.23%    | INDIANA            | <Blank> | Test Error Code: | **            |
| Test Time (Sec): | 81       | Altitude (ft): 500 |         | Test Temp (C):   | 25            |



Exhibit # 8(b)

DTEX Test Log

|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00029    | DIAMOND ✓          | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-29-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 16:40:43 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.01%    | EVANSVILLE         | Serial Number:   | 00266         |
| RDL Result:      | 0.27%    | INDIANA <Blank>    | Test Error Code: | **            |
| Test Time (Sec): | 16       | Altitude (ft): 500 | Test Temp (C):   | 26            |

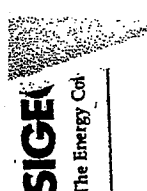
|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00030    | ELSAS ✓            | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-30-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 09:52:32 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | EVANSVILLE         | Serial Number:   | 00266         |
| RDL Result:      | 0.50%    | INDIANA <Blank>    | Test Error Code: | **            |
| Test Time (Sec): | 60       | Altitude (ft): 500 | Test Temp (C):   | 12            |

|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00031    | HWY 261 ✓          | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-30-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 10:17:09 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | NEWBURGH           | Serial Number:   | 00266         |
| RDL Result:      | 0.33%    | INDIANA 23345      | Test Error Code: | **            |
| Test Time (Sec): | 48       | Altitude (ft): 500 | Test Temp (C):   | 13            |

|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00032    | RUSTIC HILLS ✓     | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-30-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 10:32:23 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | NEWBURGH           | Serial Number:   | 00266         |
| RDL Result:      | 0.34%    | INDIANA <Blank>    | Test Error Code: | **            |
| Test Time (Sec): | 14       | Altitude (ft): 500 | Test Temp (C):   | 14            |

|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00033    | HATFIELD (D) ✓     | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-30-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 14:05:10 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.03%    | HATFIELD           | Serial Number:   | 00266         |
| RDL Result:      | 0.30%    | INDIANA <Blank>    | Test Error Code: | **            |
| Test Time (Sec): | 102      | Altitude (ft): 500 | Test Temp (C):   | 16            |

|                  |          |                    |                  |               |
|------------------|----------|--------------------|------------------|---------------|
| Test #:          | 00034    | RICHLAND           | User:            | JEFF SALTZMAN |
| Test Start Date: | 03-30-04 | <Blank>            | Notes:           |               |
| Test Start Time: | 14:19:03 | <Blank>            | DTEX Model:      | DX1000G       |
| TDL Result:      | 0.01%    | RICHLAND           | Serial Number:   | 00266         |
| RDL Result:      | 0.12%    | INDIANA <Blank>    | Test Error Code: | **            |
| Test Time (Sec): | 49       | Altitude (ft): 500 | Test Temp (C):   | 16            |



SOUTHERN INDIANA GAS AND ELECTRIC COMPANY  
20 N.W. FOURTH STREET  
EVANSVILLE, INDIANA 47741-0001

TERMS:- NET 30 DAYS FROM DATE OF INVOICE  
119367  
DATE: February 20, 1997

SERVICE COMPLETED

PLEASE RETURN THIS PORTION WITH PAYMENT

AMOUNT DUE  
\$212.90

Evansville Water Works  
1931 Allens Ln  
Evansville, In 47711



SOUTHERN INDIANA GAS AND ELECTRIC COMPANY  
20 N.W. FOURTH STREET  
EVANSVILLE, INDIANA 47741-0001

Evansville Water Works  
1931 Allens Ln  
Evansville, In 47711

February 20, 1997

\$212.90

AMOUNT DUE

Bill for damage done when contractor shut off wrong valve at curb & cut 1" plastic that was inserted for on old low pressure service (valve box had a gas lid on it). damage was done at 913 S Villa on 12/6/96  
File #25252

Exhibit # 9

1-997 PER S. YOUNG - DISREGARD

4-25-2001

Y

Exhibit # 9

NOW DUE

\$ 866.55

DEBBIE-

PLEASE CHECK IF  
WE WERE AT THESE  
LOCATIONS.

Darlene Jarboe  
Spoke w/ey  
5-16-2001

HAG

Invoice No : FDR1126  
Billing Date : 4/18/2001  
Date of Loss : 3/7/2001

Please return this portion with your remittance.

014.109.0510.3014

Mr. Payment to: SIOGO A. VECCHIEN COMPANY  
Risk Management/Claims Department  
P.O. Box 44005  
Indianapolis, IN 46244-0045  
Telephone: 1-800-661-7238 Extension 6660, Fax: 317-555-8555  
Risk Management/Claims Department

NOW DUE

\$ 866.55

EA2 0000000000

1931 WILKINS BLVD

EVANSVILLE, IN 47712-2257

Invoice No : FDR1126  
Billing Date : 4/18/2001  
Date of Loss : 3/7/2001

Invoice For Costs to Repair and Reconstruct Damaged Property

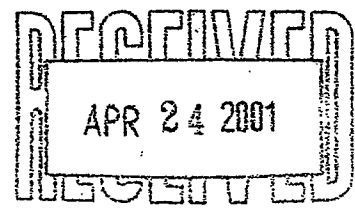
ADDRESS : 1931 WASHINGTON AVENUE CITY : EVANSVILLE  
PLASTIC SERVICE SEVERED BY CURB KEY.

|                          |    |        |
|--------------------------|----|--------|
| Material                 | \$ | 33.00  |
| Company Labor            |    | 684.83 |
| Contract Labor           |    | 0.00   |
| Transportation/Equipment |    | 84.24  |
| Misc                     |    | 31.47  |
| Gas/Oil                  |    | 33.01  |
| Adjustment               |    | 0.00   |

TOTAL AMOUNT DUE \$ 866.55

3014 109.0510 3014

Void  
per Darlene  
5-17-01  
HAG



SIGECO A VECTREN COMPANY

Exhibit # 9

NOW DUE

\$ 207.39

EA2 SYSTEMS  
1931 WILSON LANE  
EVANSVILLE IN 47720

Invoice No : FDR0854  
Billing Date : 4/18/2001  
Date of Loss : 3/9/2001

Please return this portion with your remittance

014 109 0510 3014

Mail Payment to: SIGECO A VECTREN COMPANY  
Risk Management/Claims Department  
P.O. Box 1494  
Indianapolis, IN 46241-0945  
Inquiries: 1-800-666-7238 Extension 6681 Mon-Fri 8-5  
Risk Management/Claims Department

NOW DUE

\$ 207.39

EA2 SYSTEMS  
1931 WILSON LANE  
EVANSVILLE IN 47720

Invoice No : FDR0854  
Billing Date : 4/18/2001  
Date of Loss : 3/9/2001

Invoice For Costs to Repair and Reconstruct Damaged Property

ADDRESS : 100 SINGLE

CITY : EVANSVILLE

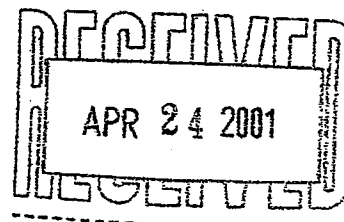
1/2" PLASTIC SERVICE SEVERED WHEN OPEN KEY USED ON GAS.

|                          |    |        |
|--------------------------|----|--------|
| Material                 | \$ | 14.20  |
| Company Labor            |    | 156.28 |
| Contract Labor           |    | 0.00   |
| Transportation/Equipment |    | 23.40  |
| Misc                     |    | 0.00   |
| Gas Fees                 |    | 13.51  |
| Adjustment               |    | 0.00   |

TOTAL AMOUNT DUE \$ 207.39

3014 109.0510 3014

*Void  
per DeLore  
5-17-2001  
Hiller*



Remember, call two (2) full working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

# VECTREN CORPORATION

Date: 4/5/2004

## Completed Qualification Report

Page: 1

Site: VEDI Evansville  
Employee: Durbin, Dave

| Qualification  | Qualify    | Requalify  |
|--|------------|------------|
| Abnormal Operating Conditions  | 10/28/2002 | 10/28/2005 |
| PEF0401.01 Corrosion Monitoring - Atmospheric/Ext./Int.: General                 | 10/28/2002 | 10/28/2005 |
| PEF0401.03 Corrosion Monitoring - Atmospheric/Ext./Int.: Ltd. (operator defined) | 10/28/2002 |            |
| PEF0402.01 Coating Maintenance: General  | 10/28/2002 | 10/28/2005 |
| PEF0402.02 Coating Maintenance: Limited (operator defined)                       | 10/28/2002 |            |
| PEF0505.01 Cathodic Protection System Testing: General                           | 10/28/2002 | 10/28/2005 |
| PEF0505.08 Cathodic Protection System Testing: Limited (Operator Defined)        | 10/28/2002 |            |
| PEF0512.01 Pipe-To-Soil Testing  | 10/28/2002 | 10/28/2005 |
| PEF0701.01 Locate/Install/Protect Cust. Meters/Regulators: Residential/Small Com | 10/28/2002 | 10/28/2005 |
| PEF0701.02 Locate/Install/Protect Cust. Meters/Regulators: Large Com./Industrial | 10/28/2002 | 10/28/2005 |
| PEF0801.01 Locating Pipelines  | 10/28/2002 | 10/28/2005 |
| PEF0802.01 Protection During Disturbance of Segment Support                      | 10/28/2002 | 10/28/2005 |
| PEF0803.01 Inspection For Damage   | 10/28/2002 | 10/28/2005 |
| PEF1001.01 Cast Iron Joints - Sealing: Caulked Bell and Spigot Joints            | 10/28/2002 | 10/28/2005 |
| PEF1002.01 Plastic Pipe - Electrofusion: Couplings                               | 2/5/2004   | 2/5/2005   |
| PEF1002.02 Plastic Pipe - Electrofusion: Sidewall                                | 2/5/2004   | 2/5/2005   |
| PEF1003.01 Plastic Pipe - Butt Heat Fusion                                       | 2/5/2004   | 2/5/2005   |
| PEF1004.01 Plastic Pipe - Sidewall Heat Fusion                                   | 2/5/2004   | 2/5/2005   |
| PEF1005.02 Mechanical Joints - Stab Fittings                                     | 2/5/2004   | 2/5/2005   |
| PEF1005.03 Mechanical Joints - Compression Couplings 2" and Less                 | 2/5/2004   | 2/5/2005   |
| PEF1005.04 Mechanical Joints - Compression Couplings Greater Than 2"             | 2/5/2004   | 2/5/2005   |
| PEF1006.01 Plastic Pipe - Socket Heat Fusion                                     | 2/5/2004   | 2/5/2005   |
| PEF1201.01 Leakage Survey: Walking   | 10/28/2002 | 10/28/2005 |
| PEF1201.02 Leakage Survey: Mobile  | 10/28/2002 | 10/28/2005 |
| PEF1202.01 Outside Gas Leakage Investigation, Pinpointing, and Grading           | 10/28/2002 | 10/28/2005 |
| PEF1301.01 Leak/Strength Test - Service/Main/Trans. Line: Gas pressure <=100 psi | 10/28/2002 | 10/28/2005 |
| PEF1301.02 Leak/Strength Test - Service/Main/Trans. Line: Gas pressure > 100 psi | 10/28/2002 | 10/28/2005 |
| PEF1301.03 Leak/Strength Test - Service/Main/Trans. Line: Hydrostatic Test       | 10/28/2002 | 10/28/2005 |
| PEF1301.04 Leak/Strength Test - Service/Main/Trans. Line: Op. Press. (soap test) | 10/28/2002 | 10/28/2005 |
| PEF1401.01 Abandonment or Inactivation of Facilities                             | 10/28/2002 | 10/28/2005 |
| PEF1402.01 Backfilling   | 10/28/2002 |            |
| PEF1405.01 Underground Clearances  | 10/28/2002 | 10/28/2005 |
| PEF1408.01 Installation of Plastic Pipe: Direct Burial                           | 10/28/2002 | 10/28/2005 |
| PEF1408.02 Installation of Plastic Pipe: Boring                                  | 10/28/2002 | 10/28/2005 |
| PEF1408.03 Installation of Plastic Pipe: Plowing/Planting                        | 10/28/2002 | 10/28/2005 |
| PEF1408.04 Installation of Plastic Pipe: Plowing/Pull-in                         | 10/28/2002 | 10/28/2005 |
| PEF1408.05 Installation of Plastic Pipe: Above Ground                            | 10/28/2002 | 10/28/2005 |
| PEF1408.06 Installation of Plastic Pipe: Insertion                               | 10/28/2002 | 10/28/2005 |
| PEF1409.01 Installation of Steel Pipe: Direct Burial                             | 10/28/2002 | 10/28/2005 |
| PEF1409.02 Installation of Steel Pipe: Boring                                    | 10/28/2002 | 10/28/2005 |
| PEF1409.03 Installation of Steel Pipe: Plowing/Pull-in                           | 10/28/2002 | 10/28/2005 |
| PEF1409.04 Installation of Steel Pipe: Driving                                   | 10/28/2002 | 10/28/2005 |
| PEF1409.05 Installation of Steel Pipe: Above Ground                              | 10/28/2002 | 10/28/2005 |

## VECTREN CORPORATION

Date: 4/5/2004

## Completed Qualification Report

Page: 2

Site: VEDI Evansville  
Employee: Durbin, Dave

| Qualification   | Qualify    | Requalify  |
|---|------------|------------|
| PEF1409.06 Installation of Steel Pipe: Insertion                                | 10/28/2002 | 10/28/2005 |
| PEF1410.01 Cover - Service Lines, Mains, and Transmission Lines                 | 10/28/2002 | 10/28/2005 |
| PEF1411.01 Inspection: Compliance with Procedures and Standards                 | 10/28/2002 | 10/28/2005 |
| PEF1411.02 Inspection: Inspection of Materials                                  | 10/28/2002 | 10/28/2005 |
| PEF1413.01 Line Markers   | 10/28/2002 | 10/28/2005 |
| PEF1414.01 Pipe Shutdown/Startup/Pressure Change: Bag & Stopper Cast Iron       | 10/28/2002 | 10/28/2005 |
| PEF1414.02 Pipe Shutdown/Startup/Pressure Change: Squeeze Off Pipe              | 10/28/2002 | 10/28/2005 |
| PEF1414.03 Pipe Shutdown/Startup/Pressure Change: Stopper Pipe                  | 10/28/2002 | 10/28/2005 |
| PEF1414.04 Pipe Shutdown/Startup/Pressure Change: Operating Identified Valve(s) | 10/28/2002 | 10/28/2005 |
| PEF1414.05 Pipe Shutdown/Startup/Pressure Change: Mthd(s) for Other Pipe Mtls.  | 10/28/2002 |            |
| PEF1415.01 Protection from Hazards  | 10/28/2002 | 10/28/2005 |
| PEF1417.01 Protection when Minimum Cover not Met                                | 10/28/2002 | 10/28/2005 |
| PEF1418.01 Purging: Large Vol., i.e. Segment of Main or Transmission Line, Etc. | 10/28/2002 | 10/28/2005 |
| PEF1418.02 Purging: Small Vol., e.g. Svc. Line, Short Pipe, Compressor, etc.    | 10/28/2002 | 10/28/2005 |
| PEF1422.01 Qualification covered by other CTS(s)_, see actual CTS for reference | 10/28/2002 |            |
| PEF1425.01 Tapping Cast and Ductile Iron Pipe                                   | 10/28/2002 |            |
| PEF1426.01 Tapping Steel and Plastic Pipe: Manual (self-tapping)                | 10/28/2002 | 10/28/2005 |
| PEF1426.02 Tapping Steel and Plastic Pipe: Mechanical Tapping Equipment         | 10/28/2002 |            |
| PEF1427.01 Valve Maintenance: Inspection/Partial Operation                      | 10/28/2002 | 10/28/2005 |
| PEF1427.02 Valve Maintenance: Maintenance                                       | 10/28/2002 | 10/28/2005 |
| PEF1431.01 Segment Removal  | 10/28/2002 | 10/28/2005 |
| PEF1432.01 Leak Clamps and Sleeves: Bolt-on type                                | 10/28/2002 | 10/28/2005 |
| PEF2010.01 Service Line Replacement   | 10/28/2002 | 10/28/2005 |
| PEF2010.02 Service Line Replacement: Undergrd Svc Entrance (Prereq. 2010.01)    | 10/28/2002 |            |
| PEF2011.01 Prevention of Accidental Ignition                                    | 10/28/2002 | 10/28/2005 |
| PEF2014.01 Service Lines Not In Use and Service Discontinuance                  | 10/28/2002 | 10/28/2005 |
| PEF2302.01 Upgrading Pipeline to Pressure Producing Hoop Stress < 30% SMYS      | 10/28/2002 | 10/28/2005 |

## VECTREN CORPORATION

Date: 4/5/2004

## Completed Qualification Report

Page: 1

Site: VEDI Evansville  
Employee: Rexing, Mark

| Qualification  | Qualify    | Requalify  |
|--|------------|------------|
| Abnormal Operating Conditions  | 11/21/2003 | 11/21/2006 |
| PEF0401.01 Corrosion Monitoring - Atmospheric/Ext./Int.: General                 | 10/28/2002 | 10/28/2005 |
| PEF0401.03 Corrosion Monitoring - Atmospheric/Ext./Int.: Ltd. (operator defined) | 10/28/2002 |            |
| PEF0402.01 Coating Maintenance: General  | 10/28/2002 | 10/28/2005 |
| PEF0402.02 Coating Maintenance: Limited (operator defined)                       | 10/28/2002 |            |
| PEF0512.01 Pipe-To-Soil Testing  | 11/18/2003 | 11/18/2006 |
| PEF0701.01 Locate/Install/Protect Cust. Meters/Regulators: Residential/Small Com | 10/28/2002 | 10/28/2005 |
| PEF0701.02 Locate/Install/Protect Cust. Meters/Regulators: Large Com./Industrial | 10/28/2002 | 10/28/2005 |
| PEF0801.01 Locating Pipelines  | 11/18/2003 | 11/18/2006 |
| PEF0802.01 Protection During Disturbance of Segment Support                      | 11/18/2003 | 11/18/2006 |
| PEF0803.01 Inspection For Damage   | 11/18/2003 | 11/18/2006 |
| PEF1001.01 Cast Iron Joints - Sealing: Caulked Bell and Spigot Joints            | 11/18/2003 | 11/18/2006 |
| PEF1002.01 Plastic Pipe - Electrofusion: Couplings                               | 2/5/2004   | 2/5/2005   |
| PEF1002.02 Plastic Pipe - Electrofusion: Sidewall                                | 2/5/2004   | 2/5/2005   |
| PEF1003.01 Plastic Pipe - Butt Heat Fusion                                       | 2/5/2004   | 2/5/2005   |
| PEF1004.01 Plastic Pipe - Sidewall Heat Fusion                                   | 2/5/2004   | 2/5/2005   |
| PEF1005.02 Mechanical Joints - Stub Fittings                                     | 2/5/2004   | 2/5/2005   |
| PEF1005.03 Mechanical Joints - Compression Couplings 2" and Less                 | 2/5/2004   | 2/5/2005   |
| PEF1005.04 Mechanical Joints - Compression Couplings Greater Than 2"             | 2/5/2004   | 2/5/2005   |
| PEF1006.01 Plastic Pipe - Socket Heat Fusion                                     | 2/5/2004   | 2/5/2005   |
| PEF1201.01 Leakage Survey: Walking   | 11/18/2003 | 11/18/2006 |
| PEF1201.02 Leakage Survey: Mobile  | 11/18/2003 | 11/18/2006 |
| PEF1202.01 Outside Gas Leakage Investigation, Pinpointing, and Grading           | 10/28/2002 | 10/28/2005 |
| PEF1203.01 Inside Gas Leakage Investigation                                      | 11/18/2003 | 11/18/2006 |
| PEF1301.01 Leak/Strength Test - Service/Main/Trans. Line: Gas pressure <=100 psi | 10/28/2002 | 10/28/2005 |
| PEF1301.02 Leak/Strength Test - Service/Main/Trans. Line: Gas pressure > 100 psi | 11/21/2003 | 11/21/2006 |
| PEF1301.03 Leak/Strength Test - Service/Main/Trans. Line: Hydrostatic Test       | 11/21/2003 | 11/21/2006 |
| PEF1301.04 Leak/Strength Test - Service/Main/Trans. Line: Op. Press. (soap test) | 11/21/2003 | 11/21/2006 |
| PEF1401.01 Abandonment or Inactivation of Facilities                             | 11/21/2003 | 11/21/2006 |
| PEF1402.01 Backfilling   | 11/21/2003 | 11/21/2006 |
| PEF1404.01 Casing Vents and Seals  | 11/21/2003 | 11/21/2006 |
| PEF1405.01 Underground Clearances  | 11/21/2003 | 11/21/2006 |
| PEF1408.01 Installation of Plastic Pipe: Direct Burial                           | 10/28/2002 | 10/28/2005 |
| PEF1408.02 Installation of Plastic Pipe: Boring                                  | 11/21/2003 | 11/21/2006 |
| PEF1408.03 Installation of Plastic Pipe: Plowing/Planting                        | 11/21/2003 | 11/21/2006 |
| PEF1408.04 Installation of Plastic Pipe: Plowing/Pull-in                         | 11/21/2003 | 11/21/2006 |
| PEF1408.05 Installation of Plastic Pipe: Above Ground                            | 11/21/2003 | 11/21/2006 |
| PEF1408.06 Installation of Plastic Pipe: Insertion                               | 11/21/2003 | 11/21/2006 |
| PEF1409.01 Installation of Steel Pipe: Direct Burial                             | 11/21/2003 | 11/21/2006 |
| PEF1409.02 Installation of Steel Pipe: Boring                                    | 11/21/2003 | 11/21/2006 |
| PEF1409.03 Installation of Steel Pipe: Plowing/Pull-in                           | 11/21/2003 | 11/21/2006 |
| PEF1409.04 Installation of Steel Pipe: Driving                                   | 11/21/2003 | 11/21/2006 |
| PEF1409.05 Installation of Steel Pipe: Above Ground                              | 11/21/2003 | 11/21/2006 |

## VECTREN CORPORATION

Date: 4/5/2004

## Completed Qualification Report

Page: 2

Site: VEDI Evansville  
Employee: Rexing, Mark

| Qualification   | Qualify    | Requalify  |
|---|------------|------------|
| PEF1409.06 Installation of Steel Pipe: Insertion                                | 11/21/2003 | 11/21/2006 |
| PEF1410.01 Cover - Service Lines, Mains, and Transmission Lines                 | 11/21/2003 | 11/21/2006 |
| PEF1411.01 Inspection: Compliance with Procedures and Standards                 | 11/21/2003 | 11/21/2006 |
| PEF1411.02 Inspection: Inspection of Materials                                  | 11/21/2003 | 11/21/2006 |
| PEF1413.01 Line Markers   | 11/21/2003 | 11/21/2006 |
| PEF1414.01 Pipe Shutdown/Startup/Pressure Change: Bag & Stopper Cast Iron       | 11/21/2003 | 11/21/2006 |
| PEF1414.02 Pipe Shutdown/Startup/Pressure Change: Squeeze Off Pipe              | 11/21/2003 | 11/21/2006 |
| PEF1414.03 Pipe Shutdown/Startup/Pressure Change: Stopper Pipe                  | 11/21/2003 | 11/21/2006 |
| PEF1414.04 Pipe Shutdown/Startup/Pressure Change: Operating Identified Valve(s) | 11/21/2003 | 11/21/2006 |
| PEF1414.05 Pipe Shutdown/Startup/Pressure Change: Mthd(s) for Other Pipe Mtl's. | 11/21/2003 |            |
| PEF1415.01 Protection from Hazards  | 11/21/2003 | 11/21/2006 |
| PEF1417.01 Protection when Minimum Cover not Met                                | 11/21/2003 | 11/21/2006 |
| PEF1418.01 Purging: Large Vol., i.e. Segment of Main or Transmission Line, Etc. | 11/21/2003 | 11/21/2006 |
| PEF1418.02 Purging: Small Vol., e.g. Svc. Line, Short Pipe, Compressor, etc.    | 11/21/2003 | 11/21/2006 |
| PEF1425.01 Tapping Cast and Ductile Iron Pipe                                   | 11/21/2003 | 11/21/2006 |
| PEF1426.01 Tapping Steel and Plastic Pipe: Manual (self-tapping)                | 11/21/2003 | 11/21/2006 |
| PEF1426.02 Tapping Steel and Plastic Pipe: Mechanical Tapping Equipment         | 11/21/2003 | 11/21/2006 |
| PEF1427.01 Valve Maintenance: Inspection/Partial Operation                      | 11/21/2003 | 11/21/2006 |
| PEF1427.02 Valve Maintenance: Maintenance                                       | 11/21/2003 | 11/21/2006 |
| PEF1431.01 Segment Removal  | 11/21/2003 | 11/21/2006 |
| PEF1432.01 Leak Clamps and Sleeves: Bolt-on type                                | 11/21/2003 | 11/21/2006 |
| PEF1432.02 Leak Clamps and Sleeves: Composite Sleeve (Clock Spring)             | 10/28/2002 | 10/28/2005 |
| PEF2010.01 Service Line Replacement   | 11/21/2003 | 11/21/2006 |
| PEF2010.02 Service Line Replacement: Undergrd Svc Entrance (Prereq. 2010.01)    | 11/21/2003 | 11/21/2008 |
| PEF2011.01 Prevention of Accidental Ignition                                    | 11/21/2003 | 11/21/2006 |
| PEF2014.01 Service Lines Not In Use and Service Discontinuance                  | 11/21/2003 | 11/21/2006 |
| PEF2302.01 Upgrading Pipeline to Pressure Producing Hoop Stress < 30% SMYS      | 11/21/2003 | 11/21/2006 |



## VECTREN CORPORATION

Date: 4/5/2004

## Completed Qualification Report

Page: 1

Site: VEDI Evansville  
Employee: Williamson, Dennis

| Qualification  | Qualify    | Requalify  |
|--|------------|------------|
| Abnormal Operating Conditions  | 10/28/2002 | 10/28/2005 |
| PEF0401.01 Corrosion Monitoring - Atmospheric/Ext./Int.: General                 | 10/28/2002 | 10/28/2005 |
| PEF0402.01 Coating Maintenance: General  | 10/28/2002 | 10/28/2005 |
| PEF0402.02 Coating Maintenance: Limited (operator defined)                       | 10/28/2002 |            |
| PEF0501.02 Cathodic Protection System Maintenance: Rectifiers                    | 10/28/2002 | 10/28/2005 |
| PEF0501.03 Cathodic Protection System Maintenance: Electrical Isolation          | 10/28/2002 | 10/28/2005 |
| PEF0501.04 Cathodic Protection System Maintenance: Anodes/Anode Ground Beds      | 10/28/2002 | 10/28/2005 |
| PEF0501.05 Cathodic Protection System Maintenance: Diodes                        | 10/28/2002 | 10/28/2005 |
| PEF0501.06 Cathodic Protection System Maintenance: Reverse Current Switches      | 10/28/2002 | 10/28/2005 |
| PEF0503.01 Cathodic Protection System - Electrical Connections                   | 10/28/2002 | 10/28/2005 |
| PEF0505.01 Cathodic Protection System Testing: General                           | 10/28/2002 | 10/28/2005 |
| PEF0511.01 Soil Resistivity Testing  | 10/28/2002 | 10/28/2005 |
| PEF0512.01 Pipe-To-Soil Testing  | 10/28/2002 | 10/28/2005 |
| PEF0701.01 Locate/Install/Protect Cust. Meters/Regulators: Residential/Small Com | 10/28/2002 | 10/28/2005 |
| PEF0701.02 Locate/Install/Protect Cust. Meters/Regulators: Large Com./Industrial | 10/28/2002 | 10/28/2005 |
| PEF0702.01 Customer Pressure Regulate/Limit/Relief - O&M: Residential/Small Comm | 10/28/2002 | 10/28/2005 |
| PEF0702.02 Customer Pressure Regulate/Limit/Relief - O&M: Large Comm/Industrial  | 10/28/2002 | 10/28/2005 |
| PEF0801.01 Locating Pipelines  | 10/28/2002 | 10/28/2005 |
| PEF0803.01 Inspection For Damage   | 10/28/2002 | 10/28/2005 |
| PEF0901.01 System Patrolling   | 10/28/2002 | 10/28/2005 |
| PEF1201.01 Leakage Survey: Walking   | 10/28/2002 |            |
| PEF1201.02 Leakage Survey: Mobile  | 10/28/2002 |            |
| PEF1202.01 Outside Gas Leakage Investigation, Pinpointing, and Grading           | 10/28/2002 | 10/28/2005 |
| PEF1203.01 Inside Gas Leakage Investigation                                      | 10/28/2002 | 10/28/2005 |
| PEF1301.01 Leak/Strength Test - Service/Main/Trans. Line: Gas pressure <=100 psi | 10/28/2002 | 10/28/2005 |
| PEF1301.02 Leak/Strength Test - Service/Main/Trans. Line: Gas pressure > 100 psi | 10/28/2002 | 10/28/2005 |
| PEF1301.03 Leak/Strength Test - Service/Main/Trans. Line: Hydrostatic Test       | 10/28/2002 | 10/28/2005 |
| PEF1301.04 Leak/Strength Test - Service/Main/Trans. Line: Op. Press. (soap test) | 10/28/2002 | 10/28/2005 |
| PEF1401.01 Abandonment or Inactivation of Facilities                             | 10/28/2002 | 10/28/2005 |
| PEF1402.01 Backfilling   | 10/28/2002 | 10/28/2005 |
| PEF1405.01 Underground Clearances  | 10/28/2002 | 10/28/2005 |
| PEF1408.01 Installation of Plastic Pipe: Direct Burial                           | 10/28/2002 | 10/28/2005 |
| PEF1409.01 Installation of Steel Pipe: Direct Burial                             | 10/28/2002 |            |
| PEF1409.05 Installation of Steel Pipe: Above Ground                              | 10/28/2002 |            |
| PEF1410.01 Cover - Service Lines, Mains, and Transmission Lines                  | 10/28/2002 | 10/28/2005 |
| PEF1411.01 Inspection: Compliance with Procedures and Standards                  | 10/28/2002 | 10/28/2005 |
| PEF1411.02 Inspection: Inspection of Materials                                   | 10/28/2002 | 10/28/2005 |
| PEF1413.01 Line Markers  | 10/28/2002 | 10/28/2005 |
| PEF1414.02 Pipe Shutdown/Startup/Pressure Change: Squeeze Off Pipe               | 10/28/2002 | 10/28/2005 |
| PEF1414.04 Pipe Shutdown/Startup/Pressure Change: Operating Identified Valve(s)  | 10/28/2002 | 10/28/2005 |
| PEF1415.01 Protection from Hazards   | 10/28/2002 | 10/28/2005 |
| PEF1418.01 Purging: Large Vol., i.e. Segment of Main or Transmission Line, Etc.  | 10/28/2002 | 10/28/2005 |
| PEF1418.02 Purging: Small Vol., e.g. Svc. Line, Short Pipe, Compressor, etc.     | 10/28/2002 | 10/28/2005 |

**Exhibit # 10(a)**

**VECTREN CORPORATION**

Date: 4/5/2004

**Completed Qualification Report**

Page: 2

**Site:** VEDI Evansville  
**Employee:** Williamson, Dennis

| <b>Qualification</b>  | <b>Qualify</b> | <b>Requalify</b> |
|---|----------------|------------------|
| PEF1424.01 Support, Expansion Joint and Anchor Maintenance - Exposed Pipeline | 10/28/2002     | 10/28/2005       |
| PEF1426.01 Tapping Steel and Plastic Pipe: Manual (self-tapping)              | 1/1/2999       | 1/1/3002         |
| PEF1426.02 Tapping Steel and Plastic Pipe: Mechanical Tapping Equipment       | 10/28/2002     |                  |
| PEF1427.01 Valve Maintenance: Inspection/Partial Operation                    | 10/28/2002     | 10/28/2005       |
| PEF1427.02 Valve Maintenance: Maintenance                                     | 10/28/2002     |                  |
| PEF1432.01 Leak Clamps and Sleeves: Bolt-on type                              | 10/28/2002     |                  |
| PEF1501.01 Odorization - Mains and Transmission Lines: Periodic Sampling      | 10/28/2002     | 10/28/2005       |
| PEF1501.02 Odorization - Mains and Transmission Lines: Odorizer Maintenance   | 10/28/2002     | 10/28/2005       |
| PEF1802.01 Vault Maintenance  | 10/28/2002     | 10/28/2005       |
| PEF1803.01 Pressure Regulating, Limiting, and Relief Device - O&M             | 10/28/2002     |                  |
| PEF2011.01 Prevention of Accidental Ignition                                  | 10/28/2002     | 10/28/2005       |
| PEF2014.01 Service Lines Not In Use and Service Discontinuance                | 10/28/2002     | 10/28/2005       |
| PEF2302.01 Uprating Pipeline to Pressure Producing Hoop Stress < 30% SMYS     | 10/28/2002     |                  |

**T**HIS SECTION PROVIDES STANDARD PROCEDURES for performing first response activities in emergency situations.

**GENERAL**

Emergencies and public safety situations demand competent and confident action by First Responders using established procedures and good judgment to protect life first, then property. This section provides standard procedures for performing first response activities for emergency situations.

**DEFINITION OF  
"FIRST  
RESPONDER"**

The FIRST RESPONDER is *the first company person on the scene equipped to handle an emergency or public safety situation.*

The First Responder is expected to carry out the steps necessary to deal with the situation until the emergency or public safety situation ends, or until a Supervisor, recognized public official, or emergency authority **verbally** assumes control.

**FIRST  
RESPONDER  
ACTIVITIES**

To assist the First Responder, a checklist has been developed (see Exhibit "A"). This checklist should help the First Responder focus on the important activities involved in most emergencies. Remember, however, that the Checklist is intended only as a job aid, and that each situation is unique, therefore, response activities may be different from those listed, may need to be performed in a different order, or may include steps not listed. Also, emergencies and incidents may occur which are not specifically addressed in this section. Therefore, response personnel are expected to apply their knowledge and experience as appropriate, use established procedures if applicable and exercise good judgment to protect life first, then property. Refer to the pages following the First Responder Checklist, for expanded information on these topics.

**USING THE FIRST  
RESPONDER  
CHECKLIST**

The First Responder Checklist provides guidance in responding to emergency or public safety situations. It lists certain emergencies and indicates the steps normally involved in making them safe. First response activities for listed emergencies begin with the steps numbered 1 through 4 in the upper portion of the Checklist.

Beyond these four steps, however, the first response activities required for the listed emergencies (A through F), as indicated on the checklist may vary. The ongoing steps normally required to be taken by the First Responder are indicated by numbers in the column under the letter identification of the listed emergency.

**Exhibit # 10(b)**

**FIRST RESPONDER Checklist**

Intended only as a job aid. Refer to the Emergency Response Plan, section 4, in particular section 4.02, for full policy information.

The FIRST RESPONDER is the first person on the scene equipped to handle an emergency or public safety situation. When responding to... τ

|          |  |          |   |          |   |
|----------|--|----------|---|----------|---|
| <b>A</b> | <b>NATURAL GAS</b> in or near a building (p. 3)                    | <b>B</b> | <b>FIRE / EXPLOSION</b> near or directly involving a pipeline facility (p. 5) | <b>C</b> | <b>ACT-OF-NATURE/VANDALISM/TERRORISM</b> (p. 7) |
| <b>D</b> | <b>OUTAGE or INTERRUPTION</b> in supply or delivery of gas (p. 10) | <b>E</b> | <b>OVERPRESSURIZATION</b> (p. 12)   | <b>F</b> | <b>CUT LINE / RELEASE OF GAS</b> (p. 14)        |

...the First Responder should... τ

| <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> | <b>E</b> | <b>F</b> | <b>F</b> OR SAFETY  |
|----------|----------|----------|----------|----------|----------|---|
| 1        | 1        | 1        | 1        | 1        | 1        | <b>I</b> NVESTIGATE the existence and initial extent of the emergency     |
| 2        | 2        | 2        | 2        | 2        | 2        | <b>R</b> EMOVE persons from the scene (including yourself) if appropriate |
| 3        | 3        | 3        | 3        | 3        | 3        | <b>S</b> EEK supervisory guidance and/or summon help when appropriate     |
| 4        | 4        | 4        | 4        | 4        | 4        | <b>T</b> URN OFF gas facilities if safe and appropriate                   |

Then... τ

|   |    |    |    |    |    |  |
|---|----|----|----|----|----|--|
| 5   | 5  | 5  | 5  | 5  | 5  | Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).                      |
| 6   | 6  | 6  | 6  | 6  | 6  | Eliminate ignition sources to the extent possible if gas is present in air.  |
| 7   | 7  | 7  | 7  | 7  | 7  | Determine if meter is registering, obtain reading and shut off meter   |
| 8   | 8  | 8  | 8  | 8  | 8  | Ventilate the atmosphere if safe and appropriate to do so.   |
| 9   | 9  | 9  | 9  | 9  | 9  | Determine reason for the outage/overpressure.  |
| 10  | 10 | 10 | 10 | 10 | 10 | Verify that the situation will not become unstable and effect existing gas pressure conditions.                                  |
| 11  | 11 | 11 | 11 | 11 | 11 | Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check adjacent buildings. |
| 12  | 12 | 12 | 12 | 12 | 12 | Repair, shut off, or make safe any source of leaking gas.  |
| 13  | 13 | 13 | 13 | 13 | 13 | Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.                   |
| 14  | 14 | 14 | 14 | 14 | 14 | If safe, conduct or assist with continuing response activities as warranted.   |
| 15  | 15 | 15 | 15 | 15 | 15 | Complete or assist with completion of appropriate documentation.   |
| First Responder activities end when the emergency ends, or when a supervisor, public official, or emergency authority verbally assumes control. |    |    |    |    |    |  |

**NOTES:** In responding to any emergency, remember that each situation is unique--therefore, response activities may be different from those listed, may need to be performed in a different order, or may include steps not listed. Also, emergencies and incidents may occur which are not specifically addressed in this section. Therefore, response personnel are expected to apply their knowledge and experience as appropriate, use established procedures if applicable, and of course, exercise good judgment to protect life first, then property

- REMEMBER, NATURAL GAS:**
- ignites at approximately 1100 degrees F.
  - rises in air while most other gases pool near ground level
  - has an explosive range between 4 and 15 percent gas-in-air
  - odorant is highly flammable

**A NATURAL GAS in or near a building**

Natural Gas in or near a building includes such things as, but not limited to the following: sewer transactions, release of gas or leakage from customer or company facilities.

**FOR SAFETY:**

|    |  |   |
|----|--|---|
| 1. | <b>I</b> <i>INVESTIGATE</i> <i>existence and extent of emergency</i>                             | Determine that the emergency exists at the location dispatched. Also, determine how extensive or serious the emergency is with a preliminary investigation. Any reading obtained with a CGI inside a building is considered an emergency.   |
| 2. | <b>R</b> <i>EMOVE</i> <i>persons from the scene (including yourself) if appropriate</i>          | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <u>NOT</u> activate any electrical device that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.  |
| 3. | <b>S</b> <i>EEEK</i> <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.   |
| 4. | <b>T</b> <i>URN OFF</i> <i>gas facilities if safe and appropriate</i>                            | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. <b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known. |

**THEN... τ**

|    |  |  |
|----|--|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Ensure that anyone removed from the area stays away while the situation remains unsafe.  |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |

|     |  |   |
|-----|--|---|
| 7.  | <i>Ventilate the atmosphere if safe and appropriate to do so.</i>  | If gas is present in air, ventilate the atmosphere if safe and appropriate. This may include removing manhole covers, barholing, installing vent holes, opening windows and/or doors or other means. <i>If the detected concentration of gas in air is above or within the explosive range (4-15 percent of natural gas), DO NOT ventilate the atmosphere until all ignition sources have been eliminated.</i> Ventilating the atmosphere under such conditions will at some point bring the concentration into the flammable range. If the ignition sources are not removed prior to this, the environment could become explosive. |
| 8.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | With appropriate equipment, survey the affected area over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Check inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could effect gas facilities. DO NOT use an FI unit inside a building.  |
| 9.  | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate  |
| 10. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision or designated media contact.   |
| 11. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.   |
| 12. | <i>Complete or assist with completion of appropriate documentation.</i>  | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see Section 3.01 - Exhibit "B").  |

Deleted: at or

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First Responder activities end when the emergency or public safety situation ends or when a supervisor, recognized public official, or emergency authority verbally assumes control.

**B. FIRE / EXPLOSION near or directly involving a pipeline facility**
**FOR SAFETY...**

|    |   |  |
|----|---|--|
| 1. | <b>I</b> <b>NVESTIGATE</b> <i>existence and extent of emergency</i>   | Determine that the emergency exists at the location dispatched. Also, determine how extensive or serious the emergency is with a preliminary investigation. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> <b>EMOVE</b> <i>persons from the scene (including yourself) if appropriate</i>                         | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <b>NOT</b> activate any electrical device that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.   |
| 3. | <b>S</b> <b>E</b> <b>E</b> <b>K</b> <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.  |
| 4. | <b>T</b> <b>U</b> <b>R</b> <b>N</b> <b>O</b> <b>F</b> <i>gas facilities if safe and appropriate</i>             | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit.<br><b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known. |

**THEN... τ**

|    |   |  |
|----|---|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i>      | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.   |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                      | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |
| 7. | <i>Determine if the meter is registering, shut off the meter if appropriate, and obtain meter readings if possible.</i> | Because it may be important in a fire or explosion investigation, determine if the meter is showing registration. Also, it will probably be necessary to turn off the meter so gas does not feed the fire or contribute to additional potential hazards. Obtain a meter reading if at all possible.    |

|     |   |   |
|-----|---|---|
| 8.  | <b><i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i></b> | With appropriate equipment, survey the affected area over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Check inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could effect gas facilities. DO NOT use an FI unit inside a building.  |
| 9.  | <b><i>Repair, shut off, or make safe any source of leaking gas.</i></b>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate  |
| 10. | <b><i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i></b>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision, or designated media contact.  |
| 11. | <b><i>If safe, conduct or assist with continuing response activities as the situation warrants.</i></b>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so, including participating in an investigation if directed by the Supervisor.  |
| 12. | <b><i>Complete or assist with completion of appropriate documentation.</i></b>  | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> ) |

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, recognized public official, or emergency authority verbally assumes control.*



**G. ACT OF NATURE/VANDALISM/TERRORISM**

Acts of Nature include Floods, Tornadoes, Earthquakes, and other large-scale natural disasters, which may adversely impact the normal operation of company facilities.

| <b>FOR SAFETY...</b> |  |  |
|----------------------|--|--|
| 1.                   | <b>I</b> <i>INVESTIGATE</i> <i>existence and extent of emergency</i>                             | Determine that the emergency exists at the location dispatched. Also, determine how extensive or serious the emergency is with a preliminary investigation. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2.                   | <b>R</b> <i>REMOVE</i> <i>persons from the scene (including yourself) if appropriate</i>         | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <b>NOT</b> activate any electrical device that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.   |
| 3.                   | <b>S</b> <i>SEEK</i> <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.  |
| 4.                   | <b>T</b> <i>URN OFF</i> <i>gas facilities if safe and appropriate</i>                            | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. <b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known. If the immediate area is, or is likely to become, inaccessible in the aftermath of an emergency, mainline or regulator station valves may need to be used to eliminate gas leaks and/or fires. This is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. |

**THEN... τ**

|    |  |  |
|----|--|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.   |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |

|     |  |  |
|-----|--|--|
| 7.  | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>   | Evaluate conditions for stability. If they appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be. While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit.                                     |
| 8.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | With appropriate equipment, survey the affected area over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Check inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind that any explosion in close proximity could effect gas facilities. DO NOT use an FI unit inside a building.   |
| 9.  | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate   |
| 10. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision or designated media contact.  |
| 11. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so. In the event of flooding, if it is not expected to make the area inaccessible, provide for continued service. If, however, facilities are expected to become submerged, extend vents on house regulators and/or regulator stations if possible and as necessary. Relief stacks may also need extended. It may also be necessary and advisable to remove meters and cap or plug risers, fuel lines, etc. before they are submerged. |

|     |   |   |
|-----|---|---|
| 12. | <i>Complete or assist with completion of appropriate documentation.</i> | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> ) |
|-----|---|---|

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, recognized public official, or emergency authority verbally assumes control.*

**D. OUTAGE OR INTERRUPTION in supply or delivery of gas**
**FOR SAFETY...**

|    |   |  |
|----|---|--|
| 1. | <b>I</b> NVESTIGATE <i>existence and extent of emergency</i>                              | Determine that the emergency exists at the location dispatched. Also, determine how extensive or serious the emergency is with a preliminary investigation. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> EMOVE <i>persons from the scene (including yourself) if appropriate</i>          | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <b>NOT</b> activate any electrical device that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.   |
| 3. | <b>S</b> EELK <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.  |
| 4. | <b>T</b> URN OFF <i>gas facilities if safe and appropriate</i>                            | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit.<br><b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known. |

**THEN... τ**

|    |   |   |
|----|---|---|
| 5. | <b>Determine the reason for the outage or interruption.</b> | <p>Attempt to determine the reason for the outage or interruption. Sometimes this will be obvious and easily determined. It may be necessary, however, to call for assistance with this step, if additional help has not already been summoned.</p> <p>Possible causes of interruptions include:</p> <ul style="list-style-type: none"> <li>• regulator failure at purchase points, town borders, or distribution stations</li> <li>• natural disasters (see also <u>First Response item "C"</u>)</li> </ul> <p style="text-align: right;"><i>Continued</i></p> |
|----|---|---|

|    |  |  |
|----|--|--|
| 5. | <b><i>Determine the reason for the outage or interruption</i></b>  | <p>continued</p> <ul style="list-style-type: none"> <li>• vandalism (see also <u>First Response item "C"</u>)</li> <li>• damage to facilities (see also <u>First Response item "F"</u>)</li> <li>• operator error</li> </ul> <p>Gather as much information as possible to expedite corrective action. Use gauges to determine system pressure at critical locations. Refer to system maps to identify valves, regulator stations, and feeds that supply the affected area. Try to identify the affected area.</p>  |
| 6. | <b><i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i></b>                | <p>Evaluate conditions for stability. If they appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be.</p> <p>While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit.</p> |
| 7. | <b><i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i></b> | <p>Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision, or designated media contact.</p>  |
| 8. | <b><i>If safe, conduct or assist with continuing response activities as the situation warrants.</i></b>                      | <p>Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.</p>   |
| 9. | <b><i>Complete or assist with completion of appropriate documentation.</i></b>   | <p>Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u>)</p>  |

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, recognized public official, or emergency authority verbally assumes control.*

# EMERGENCY RESPONSE PROCEDURES

## E OVERPRESSURIZATION

### FOR SAFETY...

|    |   |  |
|----|---|--|
| 1. | <b>I</b> <b>NVESTIGATE</b> <i>existence and extent of emergency</i>                             | Determine that the emergency exists at the location dispatched. Also, determine how extensive or serious the emergency is with a preliminary investigation. Any reading obtained with a CGI inside a building is considered an emergency.  |
| 2. | <b>R</b> <b>EMOVE</b> <i>persons from the scene (including yourself) if appropriate</i>         | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <b>NOT</b> activate any electrical device that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene. |
| 3. | <b>S</b> <b>EEK</b> <i>supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.                  |
| 4. | <b>T</b> <b>URN OFF</b> <i>gas facilities if safe and appropriate</i>                           | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. <b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known.  |

### THEN... τ

|    |  |  |
|----|--|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.   |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment.   |
| 7. | <i>Ventilate the atmosphere if safe and appropriate to do so.</i>  | If gas is present in air, ventilate the atmosphere if safe and appropriate. This may include removing manhole covers, barholing, installing vent holes, opening windows and/or doors or other means. <i>If the detected concentration of gas in air is above or within the explosive range (4- 15 percent of natural gas), DO NOT ventilate the atmosphere until all ignition sources have been eliminated.</i> Ventilating the atmosphere under such conditions will at some point bring the concentration into the flammable range. If the ignition sources are not removed prior to this, the environment could become explosive. |

Deleted: at or

Deleted: 15 percent

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|     |  |  |
|-----|--|--|
| 8.  | <i>Determine the reason for the overpressurization.</i>  | Attempt to determine the reason for the overpressurization. Sometimes this will be obvious and easily determined. Possible causes of overpressurization include regulator and/or relief failure at purchase points, pressure reducing stations and/or meter settings. It may be necessary, however, to call for assistance with this step, if additional help has not already been summoned.   |
| 9.  | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>   | Evaluate conditions for stability. If they appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be. While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. |
| 10. | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | With appropriate equipment, survey the affected area over mains, services, manholes, and other openings. Check inside buildings at the location of the emergency, and check other buildings in the vicinity. DO NOT use an FI unit inside a building.  |
| 11. | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate.  |
| 12. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision or designated media contact.  |
| 13. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.  |
| 14. | <i>Complete or assist with completion of appropriate documentation.</i>  | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (Section 3.01 - Exhibit "B")  |

*First responder activities end when the emergency or public safety situation ends, or when a supervisor, recognized public official, or emergency authority verbally assumes control.*

**F - CUT LINE / RELEASE OF GAS****FOR SAFETY...**

|    |   |   |
|----|---|---|
| 1. | <b>I</b> <i>INVESTIGATE existence and extent of emergency</i>                             | Determine that the emergency exists at the location dispatched. Also, determine how extensive or serious the emergency is with a preliminary investigation. Any reading obtained with a CGI inside a building is considered an emergency.   |
| 2. | <b>R</b> <i>EMOVE persons from the scene (including yourself) if appropriate</i>          | Be aware of the possibility that persons may need to be removed from the scene in the interest of safety. Use care to <b>NOT</b> activate any electrical device that could spark ignition. Remember that an unsafe or unstable situation may require that company personnel should stay away from the scene.  |
| 3. | <b>S</b> <i>EEEK supervisory guidance and/or summon help from others when appropriate</i> | If the situation is serious enough, inform dispatching and seek guidance and/or assistance from supervision and other personnel. If preliminary information indicates the need for additional response personnel or equipment, consider informing supervision before arriving on the scene.   |
| 4. | <b>T</b> <i>URN OFF gas facilities if safe and appropriate</i>                            | If the situation warrants, and if safe to do so, turn off gas facilities to the area which is vulnerable or affected by the emergency. While it may be necessary for a wider area of the system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. <b>CAUTION: DO NOT</b> turn off gas facilities unless the effect of the turn-off is known. |

**THEN... τ**

|    |  |  |
|----|--|--|
| 5. | <i>Consider blocking off area, rerouting public, etc. (keep onlookers away while the situation may be unsafe).</i> | Consider if it is advisable to block off the area or reroute public presence. Remember that natural gas may migrate below ground to another venting point. Ensure that anyone removed from the area stays away while the situation remains unsafe.   |
| 6. | <i>Eliminate ignition sources to the extent possible if gas is present in air.</i>                                 | Attempt to determine the status of ignition sources in the area, and if safe and appropriate to do so, eliminate these source(s) if gas is present in the air. If it is necessary to contact other utilities such as electric, phone, or cable, make the call(s) from outside the gaseous environment. |



|     |  |   |
|-----|--|---|
| 7.  | <i>Ventilate the atmosphere if safe and appropriate to do so.</i>  | If gas is present in air, ventilate the atmosphere if safe and appropriate. This may include removing manhole covers, barholing, installing vent holes, opening windows and/or doors or other means. <del>If the detected concentration of gas in air is above or within the explosive range (4-15 percent of natural gas), DO NOT ventilate the atmosphere until all ignition sources have been eliminated.</del> Ventilating the atmosphere under such conditions will at some point bring the concentration into the flammable range. If the ignition sources are not removed prior to this, the environment could become explosive.   |
| 8.  | <i>Verify that the situation will not become unstable and effect existing gas pressure conditions.</i>   | Evaluate conditions for stability. If they appear to be unstable, and the instability may create a more hazardous situation, call for assistance if additional help has not already been summoned. Otherwise, take further actions to stabilize the situation only if it is known what the full effects of those actions will be. In the case of damaged underground facilities, this may involve a separate excavation outside of the gaseous atmosphere area, to facilitate flow restriction techniques. While it may be necessary for a wider area of the transmission or distribution system to be shut down, this is most likely a decision the Supervisor should be asked to make, whenever time and conditions permit. |
| 9.  | <i>Check affected area for leakage in buildings; over mains, services, manholes, and other openings. Also check other buildings in the vicinity.</i> | With appropriate equipment, survey the affected area over mains, services, manholes, and other openings. Pay particular attention to areas of recent excavation for signs of leakage. Check inside buildings at the location of the emergency, and check other buildings in the vicinity. Keep in mind the potential for multiple leaks in or near this area. Also an explosion in close proximity could effect gas facilities. DO NOT use an FI unit inside a building.  |
| 10. | <i>Repair, shut off, or make safe any source of leaking gas.</i>   | If leakage is detected and situation allows, repair, shut off, or make safe any source of leaking gas. Note time made safe and notify dispatch/supervision, otherwise await assistance from other personnel. Wear flash gear, if appropriate  |
| 11. | <i>Consult with fire, police, or other emergency personnel to determine cause and/or coordinate further response.</i>                                | Work with other on-scene emergency personnel to coordinate and conduct ongoing response activities, including crowd control if necessary. Refer media inquiries to supervision, or designated media contact.  |
| 12. | <i>If safe, conduct or assist with continuing response activities as the situation warrants.</i>   | Depending on the situation, additional response activities may be warranted. Perform or assist with such activities if safe and appropriate to do so.   |

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|     |  |   |
|-----|--|---|
| 13. | <b><i>Complete or assist with completion of appropriate documentation.</i></b> | Gather initial information and complete, or assist in the completion of documentation as required by the situation possibly including, but not limited to: Work Tickets, Customer Listings, Outage Reports, Public Accident Report/Claim Notice, Report of Damage to Company Property/Plant, and the "Natural Gas Incident Report". Refer to the "Internal Incident Reporting Matrix" to determine reporting requirements. (see <u>Section 3.01 - Exhibit "B"</u> ) |
|-----|--|---|

*First Responder activities end when the emergency or public safety situation ends, or when a supervisor, recognized public official, or emergency authority verbally assumes control.*

**WARNING**

*Use extreme caution and follow all appropriate Company safety practices.*

**REFERENCES**

DOT CFR Title 49, Part 192.615  
— Emergency plans.  
DOT CFR Title 49, Part 195.402(e)  
— Emergency.

## Action Plan

Exhibit # 10(c)

| Action  |  |
|---|--|
| <b>Field Operations – Curb Box discovery</b>  |  |
| Identify and remediate curb boxes on inserted services  |  |
| <b>Review Applicable Standards &amp; Procedures</b>   |  |
| <b>Operation &amp; Maintenance, Emergency Response</b>  |  |
| Determine who needs to review   |  |
| Determine which S&P's apply   |  |
| Suggest needed modifications – Immediate  |  |
| Modify as appropriate   |  |
| Suggest needed modifications – Prioritize   |  |
| Note for future procedure development   |  |
| Determine links needed to other procedures  |  |
| <b>Turn-on/Re-light Policy</b>  |  |
| Determine if CSP Group is proper group for review   |  |
| Convey Need for review and development to CSP   |  |
| Develop Vectren-wide Turn-on/Re-light Policy  |  |
| Determine links needed to other procedures  |  |
| <b>Review Inspection Practices</b>  |  |
| Review documentation and auditing practices   |  |
| Develop recommendations   |  |
| <b>Training/Communication</b>   |  |
| Determine if current method of training/communication is adequate   |  |
| Determine needed face-to-face training for applicable S&P's   |  |
| Develop training  |  |
| Implement training  |  |
| Determine needed "Alerts" for applicable S&P's and lessons learned  |  |
| Develop "Alerts"  |  |
| Distribute "Alerts"   |  |
| <b>OQ Issues</b>  |  |
| Determine applicable CT's   |  |
| Review existing method of qualification on those CT's   |  |
| Make modifications to CT modules to match S&P's   |  |
| Determine if re-qualification on new material needs to occur  |  |
| Convey changes to S&P's and CT's to proper individuals  |  |
| Determine action to re-qualify employees on applicable CT's   |  |
| Re-qualify if needed  |  |
| <b>Quality Assurance</b>  |  |
| Determine process to ensure modified standards & procedures and applicable training/qualification and communication is effective. |  |
| Implement quality assurance process   |  |
| Develop list of recommended adjustments   |  |
| Review recommended adjustments and propose appropriate changes.   |  |
| Make changes  |  |
| Convey changes to appropriate individuals   |  |

|          |               |             |                             |                |                            |                |                           |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|---------------------------|
| <b>A</b> | 82001<br>FDID | IN<br>State | 04/03/2004<br>Incident Date | 116<br>Station | 0411186<br>Incident Number | 00<br>Exposure | <b>NFIRS -1<br/>Basic</b> |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|---------------------------|

|                   |                 |                                       |  |                              |                             |
|-------------------|-----------------|---------------------------------------|--|------------------------------|-----------------------------|
| <b>B</b>          | <b>Location</b> |                                       | <input type="checkbox"/> See Wildland Fire Module for Location |                              | Census Tract                |
| 1 Street address: |                 | 3307<br>Number/Milepost               | Prefix   | LINCOLN<br>Street or Highway | AVE<br>Street Type Suffix   |
|                   |                 | Apt./Suite/Room                       |  | EVANSVILLE<br>City           | IN 47715-<br>State Zip Code |
|                   |                 | VANN AV<br>Cross Street or Directions |  |                              |                             |

| <b>C Incident Type</b><br>111 Building fire<br>Incident Type | <b>E1 Dates &amp; Times</b>  | <b>E2 Shifts &amp; Alarms</b><br>Local Option   |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
|--|--|---|-------------------|---------------------|----------|------------|----------|---|------------|----------|-------------------------------------|--|----|---|------------|----------|--|---|---|----|------------------|--------|----------|
| <b>D Aid Given or Received</b><br><br>N None                 | <table style="width:100%;"> <tr> <th></th> <th>Date</th> <th>Time</th> </tr> <tr> <td>Dispatch</td> <td>04/03/2004</td> <td>11:19:59</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arrival</td> <td>04/03/2004</td> <td>11:20:57</td> </tr> <tr> <td><input type="checkbox"/> Controlled</td> <td></td> <td>::</td> </tr> <tr> <td><input checked="" type="checkbox"/> Last Unit Cleared</td> <td>04/03/2004</td> <td>19:28:12</td> </tr> </table> |   | Date              | Time                | Dispatch | 04/03/2004 | 11:19:59 | <input checked="" type="checkbox"/> Arrival | 04/03/2004 | 11:20:57 | <input type="checkbox"/> Controlled |  | :: | <input checked="" type="checkbox"/> Last Unit Cleared | 04/03/2004 | 19:28:12 | <table style="width:100%;"> <tr> <td>3</td> <td>1</td> <td>32</td> </tr> <tr> <td>Shift or platoon</td> <td>Alarms</td> <td>District</td> </tr> </table> | 3 | 1 | 32 | Shift or platoon | Alarms | District |
|  |  | Date  | Time              |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
|  | Dispatch   | 04/03/2004  | 11:19:59          |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| <input checked="" type="checkbox"/> Arrival                  | 04/03/2004   | 11:20:57  |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| <input type="checkbox"/> Controlled                          |  | ::  |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| <input checked="" type="checkbox"/> Last Unit Cleared        | 04/03/2004   | 19:28:12  |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| 3  | 1  | 32  |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| Shift or platoon   | Alarms   | District  |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| <b>E3 Special Studies</b><br>Local Option                    |  |   |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
|  |  | <table style="width:100%;"> <tr> <td>Special Study ID#</td> <td>Special Study Value</td> </tr> </table> | Special Study ID# | Special Study Value |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |
| Special Study ID#  | Special Study Value  |   |                   |                     |          |            |          |   |            |          |                                     |  |    |   |            |          |  |   |   |    |                  |        |          |

| <b>F Action Taken</b>   | <b>G1 Resources</b>  | <b>G2 Estimated Dollar Losses &amp; Values</b> |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
|---|--|--|-----------|-----------|-------------|----|----|-----|---|---|-------|----|----|---|-------------|---|-------------------------------------|-------------|---|-------------------------------------|-------------|---|-------------------------------------|-------------|---|-------------------------------------|
| 11 Extinguish<br>Primary Action Taken (1)<br><br>30 Emergency medical services, other<br>Additional Action Taken (2)<br><br>86 Investigate<br>Additional Action Taken (3) | <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.<br><table style="width:100%;"> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> <tr> <td>Suppression</td> <td>10</td> <td>36</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>10</td> <td>10</td> </tr> </table> <input type="checkbox"/> Check box if resource counts include aide received resources. |  | Apparatus | Personnel | Suppression | 10 | 36 | EMS | 0 | 0 | Other | 10 | 10 | <b>LOSSES:</b> Required for all fires if known. Optional for non fires. None<br><table style="width:100%;"> <tr> <td>Property \$</td> <td>0</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents \$</td> <td>0</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <b>PRE-INCIDENT VALUE:</b><br><table style="width:100%;"> <tr> <td>Property \$</td> <td>0</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents \$</td> <td>0</td> <td><input checked="" type="checkbox"/></td> </tr> </table> | Property \$ | 0 | <input checked="" type="checkbox"/> | Contents \$ | 0 | <input checked="" type="checkbox"/> | Property \$ | 0 | <input checked="" type="checkbox"/> | Contents \$ | 0 | <input checked="" type="checkbox"/> |
|   | Apparatus  | Personnel                                      |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| Suppression   | 10   | 36   |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| EMS   | 0  | 0  |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| Other   | 10   | 10   |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| Property \$   | 0  | <input checked="" type="checkbox"/>            |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| Contents \$   | 0  | <input checked="" type="checkbox"/>            |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| Property \$   | 0  | <input checked="" type="checkbox"/>            |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |
| Contents \$   | 0  | <input checked="" type="checkbox"/>            |           |           |             |    |    |     |   |   |       |    |    |   |             |   |                                     |             |   |                                     |             |   |                                     |             |   |                                     |

| <b>Completed Modules</b>  | <b>H1 Casualties</b>  | <input type="checkbox"/> None | <b>H3 Hazardous Materials Release</b> | <b>I Mixed Use Property</b> |              |   |   |          |   |   |  |  |                  |
|---|---|-------------------------------|---------------------------------------|-----------------------------|--------------|---|---|----------|---|---|--|--|------------------|
| <input checked="" type="checkbox"/> Fire-2<br><input checked="" type="checkbox"/> Structure-3<br><input checked="" type="checkbox"/> Civilian Fire Cas.-4<br><input checked="" type="checkbox"/> Fire Serv. Casualty-5<br><input type="checkbox"/> EMS-6<br><input checked="" type="checkbox"/> HazMat-7<br><input type="checkbox"/> Wildland Fire-8<br><input checked="" type="checkbox"/> Apparatus-9<br><input type="checkbox"/> Personnel-10<br><input type="checkbox"/> Arson-11 | <table style="width:100%;"> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> <tr> <td>Fire Service</td> <td>0</td> <td>4</td> </tr> <tr> <td>Civilian</td> <td>2</td> <td>5</td> </tr> </table> |                               | Deaths                                | Injuries                    | Fire Service | 0 | 4 | Civilian | 2 | 5 |  | 0 Special hazmat actions required or spill > 55 gal. | NN Not mixed use |
|   | Deaths  | Injuries                      |                                       |                             |              |   |   |          |   |   |  |  |                  |
| Fire Service  | 0   | 4                             |                                       |                             |              |   |   |          |   |   |  |  |                  |
| Civilian  | 2   | 5                             |                                       |                             |              |   |   |          |   |   |  |  |                  |
|   | <b>H2 Detector</b><br><br>2 Detector did not alert occupants  |                               |                                       |                             |              |   |   |          |   |   |  |  |                  |

|          |   |
|----------|---|
| <b>J</b> | <b>Property Use</b><br><br>419 1 or 2 family dwelling |
|----------|---|

|  |   |                                 |                                   |
|--|---|---------------------------------|-----------------------------------|
| <b>M Authorization</b>   |   |                                 |                                   |
| <b>GMAIN</b><br>Officer in charge ID                             | Signature<br><br>greg W main              | <b>DC</b><br>Rank               | <b>SUPPRESSION</b><br>Assignment: |
|  |   |                                 | 04/03/2004<br>Date                |
| Check box if same as Officer in charge: <input type="checkbox"/> | <b>JSTOREY</b><br>Member making report ID | Signature<br><br>Jesse O Storey | <b>SUPPRESSION</b><br>Assignment: |
|  |   |                                 | 04/03/2004<br>Date                |

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

MRS

Mr., Ms., Mrs.

JOSIE

First Name

MI

WILLIAMS

Last Name

Suffix

3208

Number

N

Prefix

11TH

Street or Highway

AVE

Street Type

Suffix

Post Office Box

Apt./Suite/Room

Evansville

City

IN

State

47720-

Zip Code

**K2 Owner**

Local Option

☐ Same as person involved? Then check this box and skip the rest of this section.

Business name (if applicable)

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

MS

Mr., Ms., Mrs.

DAISY

First Name

P

MI

HARDY

Last Name

Suffix

3307

Number

Prefix

LINCOLN

Street or Highway

AVE

Street Type

Suffix

Post Office Box

Apt./Suite/Room

EVANSVILLE

City

IN

State

47715-

Zip Code

**L**

Remarks:

Local Option

**INVESTIGATIVE REPORT**

**FIRE CAUSE DETERMINATION: ACCIDENTAL**

**INVESTIGATOR: JESSE STOREY C.F.I. # 14-017**

THIS INCIDENT WAS REPORTED TO 9-1-1 BY MULTIPLE CALLERS REPORTING THAT A HOUSE HAD EXPLODED. SEVERAL OF THE CALLERS REPORTED THAT VECTREN WAS ON THE SCENE WORKING AT THE TIME OF THE EXPLOSION. DUE TO REPORTED CIVILIAN INJURIES, A.M.R. WAS NOTIFIED OF POSSIBLE MASS CASUALTIES.

1A32 (DISTRICT CHIEF GREG MAIN ARRIVED ON THE SCENE AND INITIATED THE ICS (INCIDENT COMMAND SYSTEM). DISTRICT CHIEF MAIN'S REPORT AS WELL AS COMPANY OFFICER REPORTS WILL BE MADE ATTACHMENTS TO THIS REPORT.

|          |       |       |               |         |                 |          |                                 |                                    |
|----------|-------|-------|---------------|---------|-----------------|----------|---------------------------------|------------------------------------|
| <b>K</b> | 82001 | IN    | 04/03/2004    | 116     | 0411186         | 00       | <input type="checkbox"/> Delete | <b>NFIRS - 1S<br/>Supplemental</b> |
|          | FDID  | State | Incident Date | Station | Incident Number | Exposure | <input type="checkbox"/> Change |                                    |

|           |  |                 |                           |                 |                             |                    |              |  |
|-----------|--|-----------------|---------------------------|-----------------|-----------------------------|--------------------|--------------|--|
| <b>K3</b> | <b>Person/Entity Involved</b>  |                 | <b>VECTREN</b>            |                 | Business name if applicable |                    | Phone Number |  |
|           | <input type="checkbox"/> Check this box if same address as incident location. Then skip these three duplicate address lines. | <b>MR MARK</b>  | Mr., Ms., Mrs. First Name | <b>REXING</b>   | MI                          | Last Name          | Suffix       |  |
|           | <b>4700</b>  | Number          | <b>KOESTER</b>            | Prefix          | Street of highway           | <b>RD</b>          |              |  |
|           |  |                 |                           |                 | City                        | Street Type Suffix |              |  |
|           |  | Post office box |                           | Apt./Suite/Room | <b>Evansville</b>           |                    |              |  |
|           | <b>IN</b>  | State           | <b>47720-</b>             | Zip Code        |                             |                    |              |  |

|            |                 |
|------------|-----------------|
| <b>L 2</b> | <b>Remarks:</b> |
|            | Local Option    |

THIS INVESTIGATOR WAS CONTACTED BY CHIEF OF FIRE INVESTIGATIONS, LARRY CHAPMAN. CHIEF CHAPMAN ADVISED THAT THIS INCIDENT INVOLVED AN EXPLOSION WITH MULTIPLE CIVILIAN INJURIES.

WHEN I ARRIVED ON THE SCENE I MET WITH IC, (DISTRICT CHIEF MAIN) AND 1A63 WHO HAD ASSUMED THE CAPACITY OF SCENE SAFETY OFFICER.

I WAS ADVISED THAT A VECTREN EMPLOYEE HAD BEEN ASSISTED OUT OF THE DEBRIS OF THE BASEMENT AREA WITH SEVERE BURNS AND HAD BEEN TRANSPORTED TO ST. MARY'S E.R. I RECEIVED MULTIPLE ACCOUNTS ON THE EXTRICATION OF THE VECTREN EMPLOYEE INCLUDING ASSISTANCE GIVEN BY A CIVILIAN IDENTIFIED AS DAVE ELLINGTON AND INFORMATION RECEIVED FROM OFF DUTY FIREFIGHTER KEITH OTZMAN THAT THE MAN HAD CRAWLED OUT OF THE DEBRIS BY HIMSELF. I WAS ALSO ADVISED THAT A FEMALE SUBJECT WAS LOCATED AT THE REAR OF THE HOME AND WAS EXTRICATED BY AN E.P.D. OFFICER ASSISTED BY OFF DUTY FIREFIGHTER LT. JIM MASTISON. THE FEMALE VICTIM WAS THEN TREATED BY LT. MASTISON, OFF DUTY FIREFIGHTER KEITH OTZMAN AND MEDICS FROM A.M.R. THIS VICTIM HAD BURN INJURIES AS WELL AS MULTIPLE FRACTURES CAUSED BY IMPACT OF DEBRIS DURING THE EXPLOSION. INSTRUCTOR RICK WHITEHOUSE ARRIVED ON THE SCENE AND ASSUMED THE ROLE OF LIAISON BETWEEN INCIDENT COMMAND AND A.M.R. INSTRUCTOR WHITEHOUSE'S REPORT OF ACTIVITIES WILL BE AN ATTACHMENT TO THIS REPORT.

I WAS BRIEFED THAT THE EVANSVILLE WATER DEPARTMENT HAD BEEN IN THE PROCESS OF REPLACING A WATER METER AT 3307 LINCOLN AVE. AND HAD SEVERED A NATURAL GAS LINE. I WAS ADVISED THAT THIS LEAK EVENT OCCURRED AT ABOUT 0745 HRS. AND WAS IMMEDIATELY REPORTED TO VECTREN GAS SERVICES.

AT THAT TIME I MET WITH EVANSVILLE POLICE DETECTIVE LARRY NELSON AND ADVISED HIM THAT WE SHOULD GO TO ST MARY'S E.R. TO ATTEMPT TO GET VICTIM STATEMENTS AS SOON AS POSSIBLE DUE TO THE SEVERITY OF THE VICTIMS INJURIES AND THE PROBABILITY THAT THEY WOULD BE TRANSFERRED OUT OF TOWN FOR TREATMENT.

DETECTIVE NELSON AND I WENT TO THE E.R. AND WENT THE TREATMENT ROOM OF MARK REXING (VECTREN EMPLOYEE). I ASKED MR REXING IF HE KNEW WHAT HAD HAPPENED. HE THEN REPLIED THAT HE HAD GONE TO THE BASEMENT (OF 3307 LINCOLN AVE.) TO RE-LIGHT THE PILOT OF THE WATER HEATER. HE FURTHER STATED THAT HE DID NOT SMELL NATURAL GAS WHILE INSIDE THE HOME. HE STATED THAT AS HE STRUCK THE MATCH THE EXPLOSION OCCURRED.

DETECTIVE NELSON AND I ATTEMPTED TO INTERVIEW THE FEMALE VICTIM BUT WAS ADVISED THAT HER CONDITION WAS CRITICAL. THERE WERE ABOUT 8 OR 9 PEOPLE STANDING AROUND THE VICTIM INCLUDING A CLERGYMAN. AT THIS POINT WE BELIEVED THIS WOMAN TO BE MS. DAISY HARDY, THE OWNER OCCUPANT OF THE RESIDENCE AT 3307 LINCOLN.

DETECTIVE NELSON WAS THE ALERTED TO A WOMAN OUTSIDE THE EMERGENCY AREA WHO ADVISED HIM THAT SHE BELIEVED THAT HER MOTHER, MRS. JOSIE WILLIAMS WAS ALSO PRESENT AT THE 3307 LOCATION AT THE TIME OF THE EXPLOSION EXPLAINING THAT MRS. WILLIAMS WENT TO MS. HARDY'S HOME EVERY SATURDAY. HAVING THIS INFORMATION DETECTIVE NELSON AND I RETURNED TO THE SCENE AND ADVISED INCIDENT COMMAND THAT THERE MAY BE A THIRD VICTIM STILL IN THE DEBRIS PILE. DETECTIVE NELSON IDENTIFIED THE PASSENGER VEHICLE IN THE DRIVEWAY, RAN THE PLATE NUMBER AND CONFIRMED THAT IT DID IN FACT BELONG TO MRS. WILLIAMS. AT THAT TIME FAMILY

MEMBERS OF MRS. WILLIAMS WHO WERE STANDING BY ACROSS THE STREET WERE ADVISED BY DETECTIVE NELSON THAT THE FEMALE VICTIM AT THE HOSPITAL WAS BELIEVED TO BE MS. HARDY, BUT A POSITIVE IDENTIFICATION HAD NOT BEEN MADE. DETECTIVE NELSON REQUESTED THE DAUGHTER OF MRS. WILLIAMS GO TO ST. MARY'S WITH AN E.P.D. OFFICER TO ATTEMPT AN I.D. WE WERE LATER ADVISED THAT BASED ON A MOLE AND A PIECE OF JEWELRY THAT THE VICTIM AT ST. MARY'S WAS JOSIE WILLIAMS. AFTER CONFIRMING THAT A THIRD VICTIM WAS IN THE STRUCTURAL DEBRIS AND ASSESSING THE STRUCTURAL STABILITY I.C. CALLED FOR HEAVY EQUIPMENT TO BE BROUGHT TO THE SCENE TO AID FIREFIGHTERS IN THE SEARCH AND RECOVERY OF THE THIRD VICTIM. UPON THE REQUEST OF E.P.D. OFFICIALS, A CADAVER SEARCH DOG WAS ALLOWED TO SNIFF THE SCENE IN AN ATTEMPT TO LOCATE THE VICTIM. THE K-9 ALERTED INSIDE THE BASEMENT AREA ALONG THE EAST SIDE OF THE STRUCTURE AND STAUB EXCAVATING WAS DIRECTED WHERE TO REMOVE DEBRIS. AT 1627 HRS. THE BODY WAS DISCOVERED AND REMOVED FROM THE DEBRIS AND THE CORONER WAS REQUESTED TO THE SCENE.

INFORMATION REGARDING THE CAUSATION:

AT ABOUT 0745 HRS A CREW FROM THE EVANSVILLE WATER DEPARTMENT WAS ATTEMPTING TO REPLACE A WATER METER AT 3307 LINCOLN AVE. MARKING WERE PRESENT IDENTIFYING BURIED UTILITY LINES. THE WATER LINE AND NATURAL GAS SERVICE LINE RAN PARALLEL ABOUT 2 FEET APART FROM EACH OTHER RUNNING FROM THE STREET TO THE STRUCTURE. THE WATER DEPARTMENT EMPLOYEES FOUND A LID FOR A "STOP BOX" (A CAST TUBULAR UNIT THAT WENT FROM NEAR GROUND LEVEL TO THE SHUT OFF VALVE) COVERED BY A COUPLE INCHES OF EARTH. USING A "KEY" (FORKED END PIPE DEVICE WITH A HANDLE) THE CREW TURNED THE VALVE TO STOP THE FLOW OF WATER AND QUICKLY LEARNED THAT THEY HAD TURNED A VALVE FOR THE NATURAL GAS AND NOT THE WATER. THE CREW, REALIZING THAT THE ODOR OF NATURAL GAS WAS PRESENT AND THAT THE WATER METER WAS STILL OPERATING, KNEW A NATURAL GAS LEAK WAS PRESENT. THE WATER CREW THEN CALLED VECTREN DIRECT AND NOTIFIED THEM OF THE LEAK. THE NEXT VERIFIABLE MARK ON THE TIME LINE IS 0939 HRS. WHERE THE WATER DEPARTMENT IS CALLED BY VECTREN TO HAVE A CREW RETURN TO THE SCENE AND RE-LOCATE THE WATER LINE PRIOR TO VECTREN EXCAVATING THE BROKEN NATURAL GAS LINE. THE LAST KNOWN VERIFIABLE TIME IS 1119 HRS WHEN CENTRAL DISPATCH (9-1-1) RECEIVES THE REPORT OF THE EXPLOSION.

DURING THE EMERGENCY OPERATIONS AT THE SCENE I MET WITH MR RICK SLAGLE, MANAGER, ENGINEERING SERVICES FOR VECTREN AND ADVISED HIM THAT I WANTED TO TAKE THE GAS SHUT OFF VALVE AND ANY ASSOCIATED PLASTIC TUBING FROM THE LEAK SITE AND PLACE IT IN OUR CUSTODY. THE EVIDENCE WAS COLLECTED, TAGGED AND PHOTOGRAPHED BY E.P.D. CRIME SCENE OFFICERS ASSISTING THIS INVESTIGATOR AND PLACED IN THEIR CUSTODY. I WENT TO THE CRIME SCENE OFFICE ON 04/13/04 AND TOOK CUSTODY OF THE EVIDENCE AND PLACED IT IN THE FIRE DEPARTMENT EVIDENCE LOCK-UP UNTIL REMOVING IT FOR DISPLAY TO THE CIVIL PARTIES AT THE FIRE ADMINISTRATION BUILDING ON 04/15/04. THIS MEETING WAS COORDINATED BY THIS INVESTIGATOR AND MR. MIKE REYNOLDS OF UNIFIED INVESTIGATIONS AND SCIENCES REPRESENTING STATE FARM INSURANCE CO FOR THE PROPERTY AT 3307 LINCOLN AVE. THE PARTIES WERE REQUIRED TO SIGN IN FOR ATTENDANCE AND WERE ALLOWED TO PHOTOGRAPH THE ITEMS. NO DESTRUCTIVE TESTING OR MANIPULATIONS WERE ALLOWED. THE EVIDENCE WAS THEN RETURNED TO FIRE DEPARTMENT LOCK-UP.

A SCENE EXAMINATION FOR THE INVOLVED PARTIES WAS SET FOR 04/16/04 @0900 HRS. AND AGAIN COORDINATED BY THIS INVESTIGATOR AND MIKE REYNOLDS. GAS PIPING WAS EXAMINED AS WELL AS DEBRIS INSIDE AND OUTSIDE OF THE STRUCTURE. AN EXCAVATION WAS DONE ALONG THE NORTH WALL FROM THE SURFACE TO THE DRAIN TILE AREA TO DETERMINE POSSIBILITIES OF ROUTES OF MIGRATION OF THE NATURAL GAS FROM THE TERMINATION POINT OF THE 1 1/4 PIPE TO THE INTERIOR OF THE STRUCTURE. EACH AGENCY REPRESENTED AT THE SCENE WAS ALLOWED TIME TO EXAMINE ANY PORTION OF THE STRUCTURE OR ITS CONTENTS AND ALLOWED TO PHOTOGRAPH OR VIDEO THE ENTIRE SCENE.

INFORMATION ON NATURAL GAS SERVICE LINE:

THIS WAS AN UPGRADED SERVICE LINE CONVERTED FROM LOW PRESSURE (15 P.S.I.) TO HIGH PRESSURE (55 P.S.I.) DURING THIS CONVERSION A SMALL DIAMETER PLASTIC TUBING WAS RAN FROM THE GAS MAIN SUPPLY. THE TUBING WAS INSERTED THROUGH THE EXISTING 1 1/4 STEEL PIPING AND EXTENDED TOWARD THE RESIDENCE TO A POINT OF ABOUT 2 FEET FROM THE FOUNDATION, BASEMENT WALL. AT THIS 2 FOOT MARK, THE EXISTING 1 1/4 PIPE WAS CUT AWAY AND REMOVED. THE PLASTIC TUBING THEN CONTINUED TO THE INLET SIDE OF THE NATURAL GAS METER.

WHEN THE WATER DEPARTMENT CREW LOCATED THE "STOP BOX" WITH THE CAST LID COVERED WITH HARDENED DIRT, THEY MADE AN ASSUMPTION BASED ON THE LOCATE MARKS AND THE LOCATION OF THE "WATER METER PIT" THAT THEY HAD FOUND THE WATER SHUT OFF.

INDUSTRY ISSUES IDENTIFIED:

1. THE SHUT OFF VALVE ON THE ORIGINAL 1 1/4 GAS LINE SHOULD HAVE BEEN REMOVED TO ELIMINATE ANY POSSIBILITY THAT IT'S POSITION WOULD BE ALTERED. ANY MOVEMENT IN THIS VALVE WOULD CAUSE THE INSERTED TUBING TO BE FRACTURED, RESULTING IN GAS FLOW.
2. THE "STOP BOX" SHOULD HAVE BEEN REMOVED DURING THE CONVERSION. THIS REMOVAL WOULD HAVE MADE THE VALVE LOCATION IMPOSSIBLE WITHOUT EXCAVATION AND ELIMINATED MISIDENTIFICATION OF SERVICES.
3. THE LIKENESS BETWEEN THE SHUT OFF VALVES OF BOTH THE NATURAL GAS SERVICE AND THE WATER SUPPLY AID IN THE MISIDENTIFICATION OF SERVICES. IF THE VALVES REQUIRED A DIFFERENT DESIGN OF TOOL TO MANIPULATE, ONE SERVICE COULD NOT OPERATE THE VALVES OF THE OTHER.

CONCLUSION:

A SERIES OF EVENTS OCCURRED THAT ULTIMATELY LED TO THIS EXPLOSION.

1. A SHUT OFF "STOP BOX" WAS MISIDENTIFIED BY WATER DEPARTMENT EMPLOYEES.
2. A SHUT OFF VALVE WAS TURNED BY WATER DEPARTMENT EMPLOYEES CAUSING THE PLASTIC GAS SUPPLY TUBING TO FRACTURE.
3. THE EXISTING 1 1/4 STEEL PIPE PROVIDED AN UNOBSTRUCTED CHANNEL FOR GAS TO FLOW TO A DISTANCE 2 FEET IN FRONT OF THE STRUCTURE @ 3307 LINCOLN AVE.
4. THE GAS REPAIRMAN LIKELY SUFFERS OLFACTORY FATIGUE FROM EXPOSURE TO EXCESSIVE QUANTITY OF NATURAL GAS.
5. ODORIZING AGENT IS DILUTED INTO SOIL AND MASONARY SURFACE OF BASEMENT WALL PRIOR TO ENTERING THE STRUCTURE.
6. PERCENTAGE OF NATURAL GAS THAT MIGRATED INSIDE THE STRUCTURE REACHED EXPLOSIVE RANGE.
7. VECTREN REPAIRMEN ENTERS THE RESIDENCE AND DOES NOT DETECT ODOR OF NATURAL GAS BY SENSE OF SMELL.
8. VECTREN REPAIRMAN FAILS TO ELECTRONICALLY MONITOR THE ATMOSPHERE INSIDE THE STRUCTURE FOR THE PRESENCE OF NATURAL GAS.
9. VECTREN REPAIRMAN STRIKES A MATCH IN ATTEMPT TO RE-LIGHT PILOT ON WATER HEATER AND NATURAL GAS IGNITES CAUSING EXPLOSION.

Time/Date: 12:40 on 04/24/2004 by Jesse O Storey JSTOREY JSTOREY



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|----------|--|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|---------------------------|
| <b>A</b> |  | 82001<br>FDID | IN<br>State | 04/03/2004<br>Incident Date | 116<br>Station | 0411186<br>Incident Number | 00<br>Exposure | <b>NFIRS - 2<br/>Fire</b> |
|----------|--|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|---------------------------|

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| <b>B Property Details</b><br><br><b>B1</b> 4.00 <input type="checkbox"/> Not Residential<br><small>Estimated number or residential living units in building of origin whether or not all units became involved</small><br><br><b>B2</b> 6.00 <input type="checkbox"/> Buildings not involved<br><small>Number of buildings involved</small><br><br><b>B3</b> <input checked="" type="checkbox"/> None<br><small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre | <b>C On-Site Materials or Products</b> <input type="checkbox"/> None<br><br>200 Personal & home products, other<br><small>On-site material (1)</small><br><br><br><small>On-site material (2)</small><br><br><br><small>On-site material (3)</small> |
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| <b>D Ignition</b><br><br><b>D1</b> 62 Heating room or area, water heater area<br><small>Area of fire origin</small><br><br><b>D2</b> 64 Match<br><small>Heat source</small><br><br><b>D3</b> 65 Flammable liquid/gas - uncontained<br><small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin<br><br><b>D4</b> 11 Natural gas<br><small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or &lt;70</small> | <b>E1 Cause of Ignition</b><br><input type="checkbox"/> Check box if this is an exposure report.<br><b>2</b> <input checked="" type="checkbox"/> Unintentional<br><br><br><b>E2 Factors Contributing to Ignition</b> <input type="checkbox"/> None<br><br>23 Leak or break<br><small>Factor contributing to ignition (1)</small><br><br><small>Factor contributing to ignition (2)</small> | <b>E3 Human Factors Contributing to Ignition</b><br><br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Possibly impaired by alcohol or drugs<br>3 <input type="checkbox"/> Unattended person<br>4 <input type="checkbox"/> Possibly mentally disabled<br>5 <input type="checkbox"/> Physically disabled<br>6 <input type="checkbox"/> Multiple persons involved<br><br><b>7</b> <input type="checkbox"/> Age was a factor<br><br><small>Estimated age of person involved</small><br><br>1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female |
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| <b>F1 Equipment Involved in Ignition</b><br><input checked="" type="checkbox"/> None <small>If equipment was not involved, skip to Section G</small><br><br><small>Equipment Involved</small><br><br><small>Brand</small><br><br><small>Model</small><br><br><small>Serial #</small><br><br><small>Year</small> | <b>F2 Equipment Power</b><br><br><small>Equipment Power Source</small><br><br><b>F3 Equipment Portability</b><br><br><input type="checkbox"/><br><br><small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small> | <b>G Fire Suppression Factors</b><br><small>Enter up to three codes.</small> <input type="checkbox"/> None<br><br>131 Wall collapse<br><small>Fire suppression factor (1)</small><br><br>315 Significant fuel load from man-made<br><small>Fire suppression factor (2)</small><br><br><small>Fire suppression factor (3)</small> |
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| <b>H1 Mobile Property Involved</b><br><input checked="" type="checkbox"/> None | <b>H2 Mobile Property Type &amp; Make</b><br><br><small>Mobile property type</small><br><br><small>Mobile property make</small><br><br><br><small>Mobile property model</small> <span style="float: right;"><small>Year</small></span><br><br><small>License Plate Number</small> <span style="margin-left: 100px;"><small>State</small></span> <span style="margin-left: 100px;"><small>VIN Number</small></span> | <b>Local Use</b><br><input type="checkbox"/> Pre-Fire Plan Available<br><br><small>Some of the information presented in this report may be based upon reports from other agencies:</small><br><input type="checkbox"/> Arson report attached<br><input type="checkbox"/> Police report attached<br><input type="checkbox"/> Coroner report attached<br><input type="checkbox"/> Other reports attached<br><br><hr/> <hr/> <hr/> <hr/> |
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| <b>I1 Structure Type</b><br>If fire was in an enclosed building or a portable/mobile structure complete the rest of this form<br><br>1 <input checked="" type="checkbox"/> Enclosed building | <b>I2 Building Status</b><br><br>2 <input checked="" type="checkbox"/> Occupied and operating | <b>I3 Building Height</b><br>Do not count the ROOF as a story<br><br>1<br>Total number of stories at or above grade<br><br>1<br>Total number of stories below grade | <b>I4 Main Floor Size</b><br><br>1,272<br>Total square feet<br>OR<br>BY<br>Length in feet      Width in feet | <b>NFIRS - 3<br/>Structure<br/>Fire</b> |
|--|---|---|--|---|

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| <b>J1 Fire Origin</b><br><br>1 <input checked="" type="checkbox"/> Below grade<br>Story of fire origin | <b>J3 Number of Stories Damaged By Flame</b><br>Count the ROOF as part of the highest story<br>Number of stories w/ minor damage (1 to 24% flame damage)<br><br>Number of stories w/ minor damage (25 to 49% flame damage)<br><br>Number of stories w/ minor damage (50 to 74% flame damage)<br><br>2 Number of stories w/ minor damage (75 to 100% flame damage) | <b>K Material Contributing Most To Flame Spread</b><br><input type="checkbox"/> Check if no flame spread<br>OR same as material first ignited<br>OR unable to determine<br><br><b>K1 65 Flammable liquid/gas - uncontained</b><br>Item contributing most to flame spread<br><br><b>K2 11 Natural gas</b><br>Type of material contributing most to flame spread |
| <b>J2 Fire Spread</b><br><br>5 <input checked="" type="checkbox"/> Beyond building of origin           |   |  |

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| <b>L1 Presence of Detectors</b><br>(In area of the fire)<br>U <input checked="" type="checkbox"/> Undetermined | <b>L3 Detector Power Supply</b><br><br><input type="checkbox"/> | <b>L5 Detector Effectiveness</b><br>Required if detector operated.<br><br><input type="checkbox"/>          |
| <b>L2 Detector Type</b><br><br><input type="checkbox"/>  | <b>L4 Detector Operation</b><br><br><input type="checkbox"/>    | <b>L6 Detector Effectiveness</b><br>Required if detector failed to operate.<br><br><input type="checkbox"/> |

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| <b>M1 Presence of Automatic Extinguishment System</b><br><br>N <input checked="" type="checkbox"/> None Present                          | <b>M3 Automatic Extinguishment System Failure Reason</b><br><br><input type="checkbox"/>                      | <b>M5 Automatic Extinguishment System Failure Reason</b><br>Required if system fails<br><br><input type="checkbox"/> |
| <b>M2 Type of Automatic Extinguishment System</b><br>Required if fire was within designated range of AES<br><br><input type="checkbox"/> | <b>M4 Number of Sprinkler Heads</b><br>Required if system operated<br><br>Number of sprinkler heads operating |  |

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|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|--|---|
| <b>A</b> | 82001<br>FDID | IN<br>State | 04/03/2004<br>Incident Date | 116<br>Station | 0411186<br>Incident Number | 00<br>Exposure | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 4<br/>Civilian Fire<br/>Casualty</b> |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|--|---|

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|---|--------------------------|
| <b>B Injured Person</b>   | <b>C Casualty Number</b> |
| DAISY<br>First Name <span style="margin-left: 150px;">HARDIN<br/>Last Name</span> <span style="margin-left: 150px;">MI</span> <span style="margin-left: 150px;">Suffix</span> | Casualty Number          |

|  |  |   |   |
|--|--|---|---|
| <b>D Age or Date of Birth</b>  | <b>E1 Race</b>   | <b>F Affiliation</b>  | <b>H Severity</b>                           |
| 89<br>Age <input type="checkbox"/> Months (for infants)<br><br>OR<br><br>Date of Birth<br>04/21/1914 | 1 <input checked="" type="checkbox"/> White<br><br><b>E2 Ethnicity</b><br><input type="checkbox"/> | 1 <input checked="" type="checkbox"/> Civilian<br><br><b>G Date &amp; Time of Injury</b> <small>Midnight is 0000</small><br>Date of Injury: 04/03/2004      Time of Injury: 11:19 | 5 <input checked="" type="checkbox"/> Death |

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| <b>I Cause of Injury</b>                              | <b>J Human Factors Contributing to Injury</b>  | <b>K Factors Contributing to Injury</b>  |
| 9 <input checked="" type="checkbox"/> Multiple causes | <input type="checkbox"/> None<br><small>Check all applicable boxes</small><br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input checked="" type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person | <input type="checkbox"/> None <small>Enter up to three contributing factors</small><br>43 Floor collapse<br><small>Contributing factor (1)</small><br>20 Fire pattern, other<br><small>Contributing factor (2)</small><br><br><small>Contributing factor (3)</small> |

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|---|--|--|
| <b>L Activity When Injured</b>                      | <b>M1 Location at Time of Incident</b>   | <b>M3 Story at Start of Incident</b>   |
| 7 <input checked="" type="checkbox"/> Unable to act | 1 <input checked="" type="checkbox"/> In area of origin & not involved<br><br><b>M2 General Location at Time of Injury</b><br><small>Check ONE box. If undetermined, leave blank and skip to Section N.</small><br>1 <input checked="" type="checkbox"/> In area of origin | Complete ONLY if injury occurred INSIDE<br>Story at START of incident <input type="checkbox"/> below grade<br><br><b>M4 Story Where Injury Occurred</b><br>Story where injury occurred, if different from M1 <input type="checkbox"/> below grade<br><br><b>M5 Specific Location at Time of Injury</b><br>Complete ONLY if casualty NOT in area of origin<br><br>Specific location at time of injury |

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| <b>N Primary Apparent Symptom</b>                      | <b>O Primary Area of Body Injured</b>          | <b>P Disposition</b>   |
| 0 <input checked="" type="checkbox"/> Smoke inhalation | 8 <input checked="" type="checkbox"/> Internal | <input type="checkbox"/> Transported to emergency care facility<br><br>Remarks <small>Local option</small><br>HOMEOWNER, DEAD ON SCENE |

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|---|--|--|---|--|----------------|---|----------------|--|---|
| <b>A</b>  |  | 82001<br>FDID  | IN<br>State   | 04/03/2004<br>Incident Date  | 116<br>Station | 0411186<br>Incident Number  | 00<br>Exposure | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 4<br/>Civilian Fire<br/>Casualty</b> |
| <b>B Injured Person</b>   |  |  |   |  |                |   |                | <b>C Casualty Number</b>   |   |
| JOSIE<br>First Name   |  | WILLIAMS<br>Mi Last Name   |   |  |                | Suffix  |                | Casualty Number  |   |
| <b>D Age or Date of Birth</b>   |  | <b>E<sub>1</sub> Race</b>  |   | <b>F Affiliation</b>   |                | <b>H Severity</b>   |                |  |   |
| 65<br>Age<br><input type="checkbox"/> Months (for infants)<br><br>OR<br><br>Date of Birth<br>10/04/1937 |  | 1 <input checked="" type="checkbox"/> White  |   | 1 <input checked="" type="checkbox"/> Civilian   |                | 5 <input checked="" type="checkbox"/> Death   |                |  |   |
|   |  | <b>E<sub>2</sub> Ethnicity</b>   |   | <b>G Date &amp; Time of Injury</b> <small>Midnight is 0000</small>   |                |   |                |  |   |
|   |  | <input type="checkbox"/>   |   | Date of Injury<br>04/03/2004   |                | Time of Injury<br>11:19   |                |  |   |
| <b>I Cause of Injury</b>  |  |  | <b>J Human Factors Contributing to Injury</b>   |  |                | <b>K Factors Contributing to Injury</b>   |                |  |   |
| 9 <input checked="" type="checkbox"/> Multiple causes   |  |  | <input type="checkbox"/> None<br><small>Check all applicable boxes</small><br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person |  |                | <input type="checkbox"/> None <small>Enter up to three contributing factors</small><br><br>10 Egress problem, other<br><small>Contributing factor (1)</small><br>00 Other factor contributed to<br><small>Contributing factor (2)</small><br><br><small>Contributing factor (3)</small> |                |  |   |
| <b>L Activity When Injured</b>  |  | <b>M<sub>1</sub> Location at Time of Incident</b>  |   | <b>M<sub>3</sub> Story at Start of Incident</b>  |                |   |                |  |   |
| 7 <input checked="" type="checkbox"/> Unable to act   |  | 2 <input checked="" type="checkbox"/> Not in area & not involved   |   | Complete ONLY if injury occurred INSIDE<br>Story at START of incident <input type="checkbox"/> below grade |                |   |                |  |   |
|   |  | <b>M<sub>2</sub> General Location at Time of Injury</b>  |   | <b>M<sub>4</sub> Story Where Injury Occurred</b>   |                |   |                |  |   |
|   |  | <small>Check ONE box. If undetermined, leave blank and skip to Section N.</small><br>1 <input checked="" type="checkbox"/> In area of origin |   | Story where injury occurred, if different from M <sub>3</sub> <input type="checkbox"/> below grade         |                |   |                |  |   |
|   |  |  |   | <b>M<sub>5</sub> Specific Location at Time of Injury</b>   |                |   |                |  |   |
|   |  |  |   | Complete ONLY if casualty NOT in area of origin<br><br>Specific location at time of injury                 |                |   |                |  |   |
| <b>N Primary Apparent Symptom</b>   |  |  | <b>O Primary Area of Body Injured</b>   |  |                | <b>P Disposition</b>  |                |  |   |
| 1 <input checked="" type="checkbox"/> Burns and smoke inhalation  |  |  | 9 <input checked="" type="checkbox"/> Multiple body parts   |  |                | <input checked="" type="checkbox"/> Transported to emergency care facility<br><br>Remarks <small>Local option</small><br>LADY WAS FOUND UNDER CAR PORT<br>DEBRIS AND TRANSPORTED TO ST.MARY'S.<br>ALS, DIED AT VANDERBILT TENN. 04/04/2004  |                |  |   |

|          |               |             |                             |                |                            |                |  |   |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|--|---|
| <b>A</b> | 82001<br>FDID | IN<br>State | 04/03/2004<br>Incident Date | 116<br>Station | 0411186<br>Incident Number | 00<br>Exposure | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 4<br/>Civilian Fire<br/>Casualty</b> |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|--|---|

|  |                          |
|--|--------------------------|
| <b>B Injured Person</b>                              | <b>C Casualty Number</b> |
| <b>MARK</b><br>First Name <b>REXING</b><br>Last Name | Casualty Number          |

|   |   |   |  |
|---|---|---|--|
| <b>D Age or Date of Birth</b>                           | <b>E1 Race</b>                              | <b>F Affiliation</b>                                | <b>H Severity</b>                            |
| 31<br>Age <input type="checkbox"/> Months (for infants) | 1 <input checked="" type="checkbox"/> White | 1 <input checked="" type="checkbox"/> Civilian      | 3 <input checked="" type="checkbox"/> Severe |
| OR<br>Date of Birth<br>09/19/1972                       | <b>E2 Ethnicity</b>                         | <b>G Date &amp; Time of Injury</b> Midnight is 0000 |  |
|   | <input type="checkbox"/>                    | Date of Injury<br>04/03/2004                        | Time of Injury<br>11:19                      |

|  |   |  |
|--|---|--|
| <b>I Cause of Injury</b>                                       | <b>J Human Factors Contributing to Injury</b>   | <b>K Factors Contributing to Injury</b>  |
| 1 <input checked="" type="checkbox"/> Exposed to fire products | <input checked="" type="checkbox"/> None<br>Check all applicable boxes<br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person | <input type="checkbox"/> None Enter up to three contributing factors<br>43 Floor collapse<br>Contributing factor (1)<br>00 Other factor contributed to<br>Contributing factor (2)<br>Contributing factor (3) |

|   |  |  |
|---|--|--|
| <b>L Activity When Injured</b>                      | <b>M1 Location at Time of Incident</b>                               | <b>M3 Story at Start of Incident</b>   |
| 7 <input checked="" type="checkbox"/> Unable to act | 4 <input checked="" type="checkbox"/> In area of origin and involved | Complete ONLY if injury occurred INSIDE<br>Story at START of incident <input type="checkbox"/> below grade |
|   | <b>M2 General Location at Time of Injury</b>                         | <b>M4 Story Where Injury Occurred</b>  |
|   | Check ONE box. If undetermined, leave blank and skip to Section N.   | Story where injury occurred, if different from M <input type="checkbox"/> below grade                      |
|   | 1 <input checked="" type="checkbox"/> In area of origin              | <b>M5 Specific Location at Time of Injury</b>  |
|   |  | Complete ONLY if casualty NOT in area of origin<br>Specific location at time of injury                     |

|  |   |  |
|--|---|--|
| <b>N Primary Apparent Symptom</b>                                | <b>O Primary Area of Body Injured</b>                     | <b>P Disposition</b>   |
| 1 <input checked="" type="checkbox"/> Burns and smoke inhalation | 9 <input checked="" type="checkbox"/> Multiple body parts | <input checked="" type="checkbox"/> Transported to emergency care facility |
|  |   | Remarks Local option<br>LIFE FLIGHT TO INDIANAPOLIS, VECTREN EMPLOYEE      |

|          |               |             |                             |                |                            |                |  |   |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|--|---|
| <b>A</b> | 82001<br>FDID | IN<br>State | 04/03/2004<br>Incident Date | 116<br>Station | 0411186<br>Incident Number | 00<br>Exposure | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 4<br/>Civilian Fire<br/>Casualty</b> |
|----------|---------------|-------------|-----------------------------|----------------|----------------------------|----------------|--|---|

|  |                          |
|--|--------------------------|
| <b>B Injured Person</b>  | <b>C Casualty Number</b> |
| MARVIN<br>First Name <span style="margin-left: 150px;">MAXBERRY<br/>Last Name</span> <span style="margin-left: 150px;">MI</span> <span style="margin-left: 150px;">Suffix</span> | Casualty Number          |

|  |   |   |  |
|--|---|---|--|
| <b>D Age or Date of Birth</b>  | <b>E<sub>1</sub> Race</b>   | <b>F Affiliation</b>  | <b>H Severity</b>                              |
| 80<br>Age <input type="checkbox"/> Months (for infants)<br><br>OR<br><br>Date of Birth | 1 <input checked="" type="checkbox"/> White<br><br><b>E<sub>2</sub> Ethnicity</b><br><input type="checkbox"/> | 1 <input checked="" type="checkbox"/> Civilian<br><br><b>G Date &amp; Time of Injury</b> <small>Midnight is 0000</small><br>Date of Injury: 04/03/2004      Time of Injury: 11:19 | 2 <input checked="" type="checkbox"/> Moderate |

|  |  |   |
|--|--|---|
| <b>I Cause of Injury</b>                                       | <b>J Human Factors Contributing to Injury</b>  | <b>K Factors Contributing to Injury</b>   |
| 1 <input checked="" type="checkbox"/> Exposed to fire products | <input type="checkbox"/> None<br><small>Check all applicable boxes</small><br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input checked="" type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person | <input type="checkbox"/> None <small>Enter up to three contributing factors</small><br><br>22 Exits blocked by smoke<br>Contributing factor (1)<br><br>Contributing factor (2)<br><br>Contributing factor (3) |

|   |  |  |
|---|--|--|
| <b>L Activity When Injured</b>                      | <b>M<sub>1</sub> Location at Time of Incident</b>  | <b>M<sub>3</sub> Story at Start of Incident</b>  |
| 7 <input checked="" type="checkbox"/> Unable to act | 2 <input checked="" type="checkbox"/> Not in area & not involved<br><br><b>M<sub>2</sub> General Location at Time of Injury</b><br><small>Check ONE box. If undetermined, leave blank and skip to Section N.</small><br>3 <input checked="" type="checkbox"/> Outside, not in area of origin | Complete ONLY if injury occurred INSIDE<br>Story at START of incident <input type="checkbox"/> below grade<br><br><b>M<sub>4</sub> Story Where Injury Occurred</b><br>Story where injury occurred, if different from M <sub>3</sub> <input type="checkbox"/> below grade<br><br><b>M<sub>5</sub> Specific Location at Time of Injury</b><br>Complete ONLY if casualty NOT in area of origin<br>00 Other<br>Specific location at time of injury |

|  |  |   |
|--|--|---|
| <b>N Primary Apparent Symptom</b>                      | <b>O Primary Area of Body Injured</b>          | <b>P Disposition</b>  |
| 0 <input checked="" type="checkbox"/> Smoke inhalation | 8 <input checked="" type="checkbox"/> Internal | <input type="checkbox"/> Transported to emergency care facility<br><br>Remarks <small>Local option</small><br>EXPOSURE AT 3303 LINCOLN, TREATED ON SCENE, REFUSED TRANSPORT |

|  |  |   |  |   |                |   |                |  |   |
|--|--|---|--|---|----------------|---|----------------|--|---|
| <b>A</b>   |  | 82001<br>FDID   | IN<br>State  | 04/03/2004<br>Incident Date   | 116<br>Station | 0411186<br>Incident Number  | 00<br>Exposure | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 4<br/>Civilian Fire<br/>Casualty</b> |
| <b>B Injured Person</b>  |  |   |  |   |                |   |                | <b>C Casualty Number</b>   |   |
| VIRGINIA<br>First Name   |  | MAXBERRY<br>MI Last Name  |  |   |                | Suffix  |                | Casualty Number  |   |
| <b>D Age or Date of Birth</b>                                  |  | <b>E1 Race</b>  |  | <b>F Affiliation</b>  |                | <b>H Severity</b>   |                |  |   |
| 80<br>Age  |  | 1 <input checked="" type="checkbox"/> White   |  | 1 <input checked="" type="checkbox"/> Civilian  |                | 2 <input checked="" type="checkbox"/> Moderate  |                |  |   |
| OR   |  | <b>E2 Ethnicity</b>   |  | <b>G Date &amp; Time of Injury</b> <small>Midnight is 0000</small>  |                |   |                |  |   |
| Date of Birth  |  | <input type="checkbox"/>  |  | Date of Injury<br>04/03/2004  |                | Time of Injury<br>11:19   |                |  |   |
| <b>I Cause of Injury</b>                                       |  |   | <b>J Human Factors Contributing to Injury</b>  |   |                | <b>K Factors Contributing to Injury</b>   |                |  |   |
| 1 <input checked="" type="checkbox"/> Exposed to fire products |  |   | <input checked="" type="checkbox"/> None<br><small>Check all applicable boxes</small><br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person |   |                | <input checked="" type="checkbox"/> None <small>Enter up to three contributing factors</small><br><br>Contributing factor (1)<br><br>Contributing factor (2)<br><br>Contributing factor (3) |                |  |   |
| <b>L Activity When Injured</b>                                 |  | <b>M1 Location at Time of Incident</b>  |  | <b>M3 Story at Start of Incident</b>  |                |   |                |  |   |
| 7 <input checked="" type="checkbox"/> Unable to act            |  | 2 <input checked="" type="checkbox"/> Not in area & not involved  |  | Complete ONLY if injury occurred INSIDE   |                |   |                |  |   |
|  |  | <b>M2 General Location at Time of Injury</b>  |  | <b>M4 Story Where Injury Occurred</b>   |                |   |                |  |   |
|  |  | <small>Check ONE box. If undetermined, leave blank and skip to Section N.</small><br>U <input checked="" type="checkbox"/> Undetermined |  | <small>Story where injury occurred, if different from M3</small> <input type="checkbox"/> below grade     |                |   |                |  |   |
|  |  |   |  | <b>M5 Specific Location at Time of Injury</b>   |                |   |                |  |   |
|  |  |   |  | <small>Complete ONLY if casualty NOT in area of origin</small><br><br>Specific location at time of injury |                |   |                |  |   |
| <b>N Primary Apparent Symptom</b>                              |  |   | <b>O Primary Area of Body Injured</b>  |   |                | <b>P Disposition</b>  |                |  |   |
| 0 <input checked="" type="checkbox"/> Smoke inhalation         |  |   | 8 <input checked="" type="checkbox"/> Internal   |   |                | <input type="checkbox"/> Transported to emergency care facility   |                |  |   |
|  |  |   |  |   |                | Remarks <small>Local option</small><br><br>FEMALE OCCUPANT OF 3303 LINCOLN;<br>TREATED ON SCENE, REFUSED<br>TRANSPORT   |                |  |   |

|   |  |   |  |  |                |   |                |  |   |
|---|--|---|--|--|----------------|---|----------------|--|---|
| <b>A</b>  |  | 82001<br>FDID   | IN<br>State  | 04/03/2004<br>Incident Date  | 116<br>Station | 0411186<br>Incident Number  | 00<br>Exposure | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 4<br/>Civilian Fire<br/>Casualty</b> |
| <b>B Injured Person</b>   |  |   |  |  |                |   |                | <b>C Casualty Number</b>   |   |
| DAVE<br>First Name  |  | ELLINGTON<br>Last Name  |  |  |                |   |                | Casualty Number  |   |
| <b>D Age or Date of Birth</b>   |  | <b>E1 Race</b>  |  | <b>F Affiliation</b>   |                | <b>H Severity</b>   |                |  |   |
| 35<br>Age<br><input type="checkbox"/> Months (for infants)<br><br>OR<br>Date of Birth |  | 1 <input checked="" type="checkbox"/> White   |  | 1 <input checked="" type="checkbox"/> Civilian   |                | 2 <input checked="" type="checkbox"/> Moderate  |                |  |   |
|   |  | <b>E2 Ethnicity</b>   |  | <b>G Date &amp; Time of Injury</b> <small>Midnight is 0000</small>   |                |   |                |  |   |
|   |  | <input type="checkbox"/>  |  | Date of Injury<br>04/03/2004   |                | Time of Injury<br>11:22   |                |  |   |
| <b>I Cause of Injury</b>  |  |   | <b>J Human Factors Contributing to Injury</b>  |  |                | <b>K Factors Contributing to Injury</b>   |                |  |   |
| 9 <input checked="" type="checkbox"/> Multiple causes                                 |  |   | <input checked="" type="checkbox"/> None<br><small>Check all applicable boxes</small><br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person |  |                | <input checked="" type="checkbox"/> None <small>Enter up to three contributing factors</small><br><br>Contributing factor (1)<br><br>Contributing factor (2)<br><br>Contributing factor (3) |                |  |   |
| <b>L Activity When Injured</b>  |  | <b>M1 Location at Time of Incident</b>  |  | <b>M3 Story at Start of Incident</b>   |                | <b>M4 Story Where Injury Occurred</b>   |                |  |   |
| 2 <input checked="" type="checkbox"/> Rescue attempt                                  |  | 2 <input checked="" type="checkbox"/> Not in area & not involved  |  | Complete ONLY if injury occurred INSIDE<br>Story at START of incident <input type="checkbox"/> below grade |                | Story where injury occurred, if different from M4 <input type="checkbox"/> below grade  |                |  |   |
|   |  | <b>M2 General Location at Time of Injury</b><br><small>Check ONE box. If undetermined, leave blank and skip to Section N.</small> |  |  |                | <b>M5 Specific Location at Time of Injury</b><br><small>Complete ONLY if casualty NOT in area of origin</small>   |                |  |   |
|   |  | 1 <input checked="" type="checkbox"/> In area of origin   |  |  |                | Specific location at time of injury   |                |  |   |
| <b>N Primary Apparent Symptom</b>   |  |   | <b>O Primary Area of Body Injured</b>  |  |                | <b>P Disposition</b>  |                |  |   |
| 0 <input checked="" type="checkbox"/> Smoke inhalation                                |  |   | 8 <input checked="" type="checkbox"/> Internal   |  |                | <input checked="" type="checkbox"/> Transported to emergency care facility  |                |  |   |
|   |  |   |  |  |                | Remarks <small>Local option</small><br>SMOKE INHALATION AND NAIL PUNCTURE TO THE FOOT.  |                |  |   |



|  |  |             |  |  |  |   |  |   |  |             |  |  |  |                                     |  |  |  |
|--|--|-------------|--|--|--|---|--|---|--|-------------|--|--|--|-------------------------------------|--|--|--|
| A<br>82001 FDID  |  | IN<br>State |  | 04/03/2004 Incident Date   |  | 116 Station   |  | 0411186 Incident Number   |  | 00 Exposure |  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change   |  | NFIRS - 4<br>Civilian Fire Casualty |  |  |  |
| B Injured Person<br><br>CHRIS First Name<br><br>MI Last Name<br><br>SCHAEFFER Last Name<br><br>Suffix        |  |             |  |  |  |   |  |   |  |             |  | C Casualty Number<br><br>Casualty Number   |  |                                     |  |  |  |
| D Age or Date of Birth<br>25 Age<br><input type="checkbox"/> Months (for infants)<br><br>OR<br>Date of Birth |  |             |  | E <sub>1</sub> Race<br>1 <input checked="" type="checkbox"/> White |  |   |  | F Affiliation<br>1 <input checked="" type="checkbox"/> Civilian                               |  |             |  | H Severity<br>2 <input checked="" type="checkbox"/> Moderate   |  |                                     |  |  |  |
|  |  |             |  | E <sub>2</sub> Ethnicity<br><input type="checkbox"/>               |  |   |  | G Date & Time of Injury Midnight is 0000<br>Date of Injury 04/03/2004<br>Time of Injury 11:25 |  |             |  |  |  |                                     |  |  |  |
| I Cause of Injury<br>1 <input checked="" type="checkbox"/> Exposed to fire products                          |  |             |  |  |  | J Human Factors Contributing to Injury<br><input checked="" type="checkbox"/> None<br>Check all applicable boxes<br>1 <input type="checkbox"/> Asleep<br>2 <input type="checkbox"/> Unconscious<br>3 <input type="checkbox"/> Possibly impaired by alcohol<br>4 <input type="checkbox"/> Possibly impaired by other drug<br>5 <input type="checkbox"/> Possibly mentally disabled<br>6 <input type="checkbox"/> Physically disabled<br>7 <input type="checkbox"/> Physically restrained<br>8 <input type="checkbox"/> Unattended person |  |   |  |             |  | K Factors Contributing to Injury<br><input checked="" type="checkbox"/> None Enter up to three contributing factors<br><br>Contributing factor (1)<br><br>Contributing factor (2)<br><br>Contributing factor (3)   |  |                                     |  |  |  |
| L Activity When Injured<br>2 <input checked="" type="checkbox"/> Rescue attempt                              |  |             |  |  |  | M <sub>1</sub> Location at Time of Incident<br>2 <input checked="" type="checkbox"/> Not in area & not involved<br><br>M <sub>2</sub> General Location at Time of Injury<br>Check ONE box. If undetermined, leave blank and skip to Section N.<br>3 <input checked="" type="checkbox"/> Outside, not in area of origin  |  |   |  |             |  | M <sub>3</sub> Story at Start of Incident<br>Complete ONLY if injury occurred INSIDE<br>Story at START of incident <input type="checkbox"/> below grade<br><br>M <sub>4</sub> Story Where Injury Occurred<br>Story where injury occurred, if different from M <sub>3</sub> <input type="checkbox"/> below grade<br><br>M <sub>5</sub> Specific Location at Time of Injury<br>Complete ONLY if casualty NOT in area of origin<br>93 Courtyard, patio, porch, terrace<br>Specific location at time of injury |  |                                     |  |  |  |
| N Primary Apparent Symptom<br>1 <input checked="" type="checkbox"/> Burns only: thermal                      |  |             |  |  |  | O Primary Area of Body Injured<br>1 <input checked="" type="checkbox"/> Head  |  |   |  |             |  | P Disposition<br><input type="checkbox"/> Transported to emergency care facility<br><br>Remarks Local option<br>TREATED ON SCENE BY FF BILL HESS,<br>REFUSED TRANSPORT. PULLED JOSIE WILLIAMS FROM DEBRIS, BURNS TO THE FACE AND HANDS.  |  |                                     |  |  |  |

|   |   |   |   |                |  |                |        |  |                             |
|---|---|---|---|----------------|--|----------------|--------|--|-----------------------------|
| <b>A</b><br>82001<br>FDID   |   | IN<br>State   | 04/03/2004<br>Incident Date   | 116<br>Station | 0411186<br>Incident Number   | 00<br>Exposure | Haz No | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change | <b>NFIRS - 7<br/>HazMat</b> |
| <b>B</b> HazMat ID 0 21<br>UN Number DOT Hazard Classification CAS Registration Number Chemical Name Natural gas  |   |   |   |                |  |                |        |  |                             |
| <b>C1</b> Container Type<br>00 Container type, other  | <b>C2</b> Estimated Container Capacity<br><br>Capacity: by volume or weight<br><br><b>C3</b> Units: Capacity<br>15 <input checked="" type="checkbox"/> Cubic feet |   | <b>D1</b> Estimated Amount Released<br><br>99,999<br>Amount released: by volume or weight<br><br><b>D2</b> Units: Released<br>15 <input checked="" type="checkbox"/> Cubic feet |                | <b>E1</b> Physical State When Released<br>3 <input checked="" type="checkbox"/> Gas<br><br><b>E2</b> Released Into<br>5 <input checked="" type="checkbox"/> Air and ground   |                |        |  |                             |
| <div style="border: 1px solid black; padding: 2px; font-size: small;">           Complete the remainder of this form only for the first hazardous material involved in this incident.         </div> <b>F1</b> Released From:<br>Check all applicable boxes<br><input type="checkbox"/> below grade<br><input type="checkbox"/> inside/on structure<br>Story of release<br><input checked="" type="checkbox"/> Outside of structure |   | <b>F2</b> Population Density<br>1 <input checked="" type="checkbox"/> Urban Center -  | <b>G2</b> Area Evacuated <input type="checkbox"/> None<br><br><div style="text-align: center; font-size: x-small;">Enter Measurement</div>                                      |                | <b>H</b> HazMat Actions Taken<br>Enter up to three actions<br>32 Notify other agencies<br><br>Primary Action Taken (1)<br>34 Investigate<br><br>Additional Action Taken (2)<br>14 Hazmat leak control and containment<br><br>Additional Action Taken (3)<br><b>I</b> If fire or explosion is involved with a release, which occurred first?<br>2 <input checked="" type="checkbox"/> Release |                |        |  |                             |
| <b>J</b> Cause of Release<br>2 <input checked="" type="checkbox"/> Unintentional release  |   | <b>K</b> Factors Contributing to Release<br>Enter up to three contributing factors<br>54 Other part failure, leak, or break<br><br>Factor Contributing To Release (1)<br><br>Factor Contributing To Release (2)<br><br>Factor Contributing To Release (3) |   |                | <b>L</b> Factors Affecting Mitigation<br>Enter up to three factors or impediments that affected the mitigation of the incident<br><br>Factor or impediment (1)<br><br>Factor or impediment (1)<br><br>Factor or impediment (1)   |                |        |  |                             |
| <b>M</b> Equipment Involved In Release<br><input type="checkbox"/> None<br>000 Other equipment involved in ignition<br><br>Equipment involved in release<br><br>Brand<br><br>Model<br><br>Serial Number<br><br>Year   |   | <b>N</b> Mobile Property Involved In Release <input checked="" type="checkbox"/> None<br>Release<br><br>Mobile property type<br><br>Mobile property make<br><br>Model Year<br><br>License Plate Number State<br><br>DOT Number/ICC Number                 |   |                | <b>O</b> HazMat Disposition<br>2 <input checked="" type="checkbox"/> Completed with fire service present<br><br><b>P</b> HazMat Civilian Casualties<br><br><div style="display: flex; justify-content: space-around;"> <span>Deaths</span> <span>Injuries</span> </div>  |                |        |  |                             |

A

82001

IN

04/03/2004

116

0411186

00

☐ Delete

☐ Change

**NFIRS - 9  
Apparatus or  
Resources**

FDID

State

Incident Date

Station

Incident Number

Exposure

B

**Apparatus or  
Resource**

Use codes listed below

**Dates and Times**

Check if same date as alarm date

**Sent**
☐
**Number  
of  
People**
**Use**

Check ONE box for each  
apparatus to indicate its main  
use at the incident.

**Actions Taken**

|    |                    |  |            |      |                          |   |   |  |
|----|--------------------|--|------------|------|--------------------------|---|---|--|
| 1  | ID 1A1<br>Type 92  | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1400 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1400 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1927 |                          |   |   |  |
| 2  | ID 1A20<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1212 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1212 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1928 |                          |   |   |  |
| 3  | ID 1A32<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1119 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input type="checkbox"/>             |            |      |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1711 |                          |   |   |  |
| 4  | ID 1A33<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1141 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1141 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1704 |                          |   |   |  |
| 5  | ID 1A4<br>Type 92  | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1120 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1120 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1149 |                          |   |   |  |
| 6  | ID 1A41<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1259 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1259 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1452 |                          |   |   |  |
| 7  | ID 1A6<br>Type 92  | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1235 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1235 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1928 |                          |   |   |  |
| 8  | ID 1A61<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1225 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1225 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1826 |                          |   |   |  |
| 9  | ID 1A62<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1438 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input type="checkbox"/>             |            |      |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1928 |                          |   |   |  |
| 10 | ID 1A63<br>Type 92 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1120 | <input type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Other       |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1125 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1840 |                          |   |   |  |
| 11 | ID 1E10<br>Type 11 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1239 | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> Suppression |  |
|    |                    | Arrival <input type="checkbox"/>             |            |      |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1655 |                          |   |   |  |
| 12 | ID 1E14<br>Type 11 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1119 | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> Suppression |  |
|    |                    | Arrival <input type="checkbox"/>             |            |      |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1559 |                          |   |   |  |
| 13 | ID 1E15<br>Type 11 | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1136 | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> Suppression |  |
|    |                    | Arrival <input checked="" type="checkbox"/>  | 04/03/2004 | 1141 |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1458 |                          |   |   |  |
| 14 | ID 1E4<br>Type 11  | Dispatch <input checked="" type="checkbox"/> | 04/03/2004 | 1119 | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> Suppression |  |
|    |                    | Arrival <input type="checkbox"/>             |            |      |                          |   |   |  |
|    |                    | Clear <input checked="" type="checkbox"/>    | 04/03/2004 | 1658 |                          |   |   |  |

**Type of Apparatus or Resource**
**Ground Fire Suppression**

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

**Heavy Ground Equipment**

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

**Aircraft**

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

**Marine Equipment**

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

**Support Equipment**

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

**Medical & Rescue**

- 71 Rescue unit
- 72 Urban search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

**Other**

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

More apparatus?  
Use additional  
sheets.

NN None  
UU Undetermined

A

82001  
FDID

IN  
State

04/03/2004  
Incident Date

116  
Station

0411186  
Incident Number

00  
Exposure

☐ Delete  
☐ Change

**NFIRS - 9  
Apparatus or  
Resources**

| B Apparatus or Resource<br>Use codes listed below |  | Dates and Times<br>Check if same date as alarm date |  | Sent<br><input checked="" type="checkbox"/> | Number of People | Use<br>Check ONE box for each apparatus to indicate its main use at the incident. | Actions Taken |
|---|--|---|--|---|------------------|---|---------------|
| 15 ID 1E6<br>Type 11                              | Dispatch <input checked="" type="checkbox"/><br>Arrival <input type="checkbox"/><br>Clear <input checked="" type="checkbox"/>            | 04/03/2004<br>1119                                  | 04/03/2004<br>1413                       | <input type="checkbox"/>                    | 4                | <input checked="" type="checkbox"/> Suppression                                   |               |
| 16 ID 1L1<br>Type 12                              | Dispatch <input checked="" type="checkbox"/><br>Arrival <input checked="" type="checkbox"/><br>Clear <input checked="" type="checkbox"/> | 04/03/2004<br>1129                                  | 04/03/2004<br>1133<br>04/03/2004<br>1702 | <input type="checkbox"/>                    | 4                | <input checked="" type="checkbox"/> Suppression                                   |               |
| 17 ID 1Q16<br>Type 13                             | Dispatch <input checked="" type="checkbox"/><br>Arrival <input checked="" type="checkbox"/><br>Clear <input checked="" type="checkbox"/> | 04/03/2004<br>1119                                  | 04/03/2004<br>1122<br>04/03/2004<br>1713 | <input type="checkbox"/>                    | 4                | <input checked="" type="checkbox"/> Suppression                                   |               |
| 18 ID 1Q9<br>Type 13                              | Dispatch <input checked="" type="checkbox"/><br>Arrival <input checked="" type="checkbox"/><br>Clear <input checked="" type="checkbox"/> | 04/03/2004<br>1123                                  | 04/03/2004<br>1129<br>04/03/2004<br>1505 | <input type="checkbox"/>                    | 4                | <input checked="" type="checkbox"/> Suppression                                   |               |
| 19 ID 1R1<br>Type 71                              | Dispatch <input checked="" type="checkbox"/><br>Arrival <input type="checkbox"/><br>Clear <input checked="" type="checkbox"/>            | 04/03/2004<br>1119                                  | 04/03/2004<br>1649                       | <input type="checkbox"/>                    | 2                | <input checked="" type="checkbox"/> Suppression                                   |               |
| 20 ID 1R3<br>Type 71                              | Dispatch <input checked="" type="checkbox"/><br>Arrival <input checked="" type="checkbox"/><br>Clear <input checked="" type="checkbox"/> | 04/03/2004<br>1327                                  | 04/03/2004<br>1327<br>04/03/2004<br>1509 | <input type="checkbox"/>                    | 2                | <input checked="" type="checkbox"/> Suppression                                   |               |

## Type of Apparatus or Resource

## Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
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- 14 Tanker & pumper combination
- 16 Brush truck
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- 10 Ground fire suppression, other

## Heavy Ground Equipment

- 21 Dozer or plow
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- 24 Tanker or tender
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## Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

## Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

## Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

## Medical &amp; Rescue

- 71 Rescue unit
- 72 Urban search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

## Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

More apparatus?  
Use additional  
sheets.

NN None  
UU Undetermined

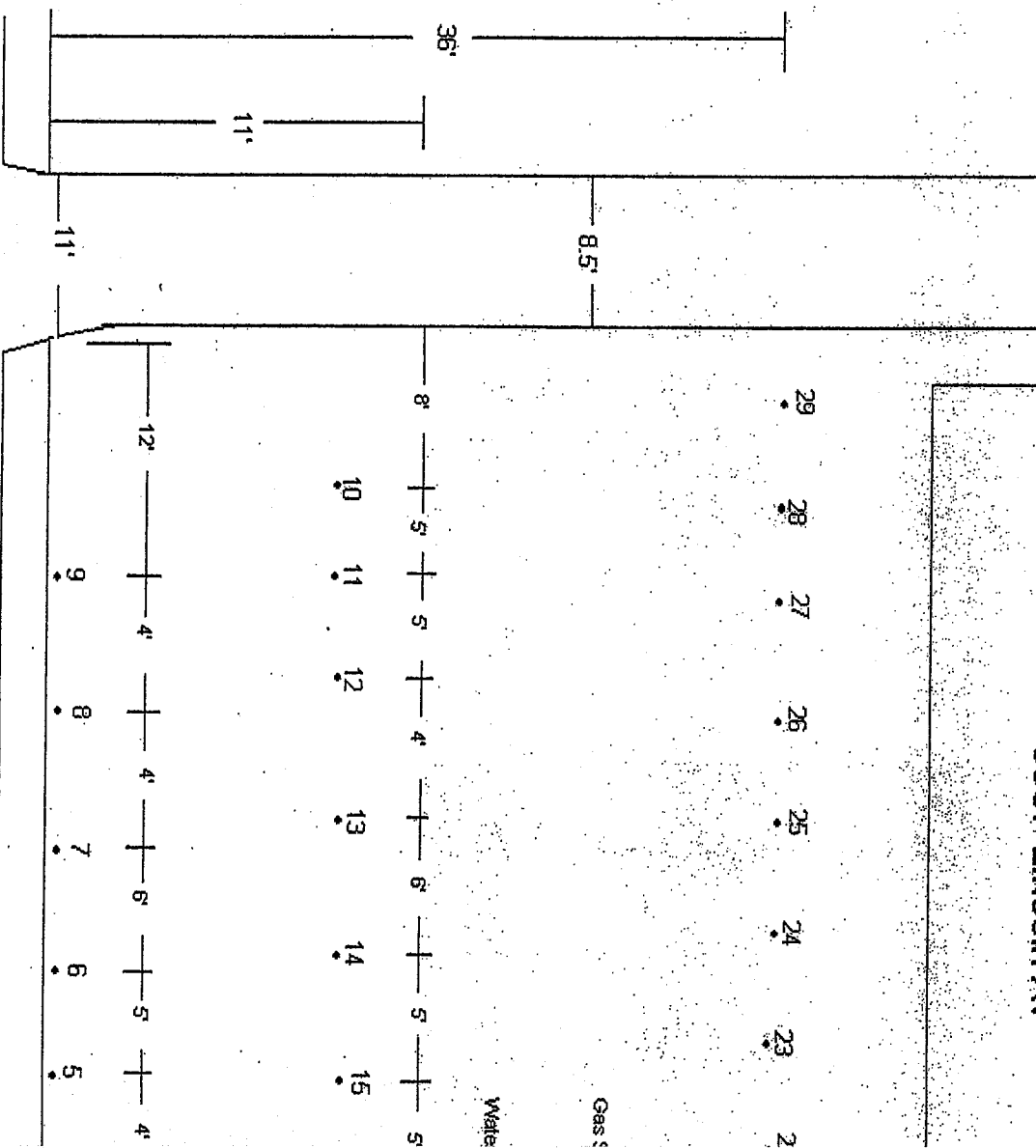
## Post Incident Natural Gas Reading at 3307 Lincoln Av.

| Time   | 1      | 2       | 3      | 4      | 5      | 6      | 7      | 8      | 9       | 10      | 11      | 12      | 13      | 14      | 15      |
|--------|--------|---------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|
| 1:30pm | 63 LEL | 50 LEL  | 20 LEL | 60 LEL | 10 LEL | 9 GAS  | 46 LEL | 60 LEL | 16 LEL  | 2.5 LEL | 3 LEL   | 15 LEL  | 55 LEL  | 21 LEL  | 50 LEL  |
| 2:45pm | 63 LEL | 50 LEL  | 20 LEL | 70 LEL | 70 LEL | 14 LEL | 55 LEL | 40 LEL | 7 LEL   | 0       | 0       | 0       | 0       | 14 LEL  | 0       |
| 3:15pm | 62 LEL | 66 LEL  | 5 LEL  | 63 LEL | 72 LEL | 6 GAS  | 35 LEL | 34 LEL | 4 LEL   | 0       | 0       | 0       | 0.2 LEL | 1.6 LEL | 1.1 LEL |
| 3:45pm | 58 LEL | 7.2 LEL | 16 LEL | 68 LEL | 84 LEL | 72 LEL | 38 LEL | 26 LEL | 3.3     | 0       | 0       | 0       | 0.2     | 4.7 LEL | 0       |
| 4:38pm | 61 LEL | 7.8 LEL | .8 LEL | 39 LEL | 24 GAS | 90 LEL | 60 LEL | 21 LEL | 4.3 LEL | .3 LEL  | 4 LEL   | .5 LEL  | 1.2 LEL | 1.8 LEL | 0       |
| 5:10pm | 45 LEL | 8 LEL   | 2 LEL  | 34 LEL | 11 GAS | 10 GAS | 34 LEL | 21 LEL | 4 LEL   | 0.4 LEL | 0.4 LEL | 0.4 LEL | 1.2 LEL | 3.5 LEL | .6 LEL  |

| Time   | 16      | 17      | 18      | 19    | 20 | 21     | 22     | 23     | 24     | 25    | 26    | 27    | 28    |
|--------|---------|---------|---------|-------|----|--------|--------|--------|--------|-------|-------|-------|-------|
| 1:30pm | 5.5 LEL | 1.5 LEL | 2.1 LEL | 2 LEL | 0  | 32 LEL | 15 LEL | 15 LEL | 11 LEL | 3 LEL | 3 LEL | 7 LEL | 3 LEL |
| 2:45pm | 3.5 LEL |         |         |       | 0  | 23 LEL | 8 LEL  | 8 LEL  | 0      | 0     | 0     | 0     | 0     |
| 3:15pm | 3.4 LEL | 1.2     | 0       |       |    |        |        |        |        |       |       |       |       |
| 3:45pm | 0.8     | 0.3     | 0       |       |    |        |        |        |        |       |       |       |       |
| 4:38pm | .4 LEL  | 1.2     | 0       |       |    |        |        |        |        |       |       |       |       |
| 5:10pm | .5 LEL  | 1       |         |       |    |        |        |        |        |       |       |       |       |

Test holes 19 through 28 were not accesable after the 2:45pm test due to the excuvation of debris from the building obstructing access.

3307 Lincoln Av



***EXHIBIT “D”***

- Total number of services identified that were/are in need of investigation 15,015
- Number of services investigated to date 13,679
- Number of services found in need of remediation\* 2,437
- Number of services remediated 2,437

\*Services found in need of remediation includes valve boxes found after extensive investigation to insure inaccessibility  
Note: All 15,015 locations have had an initial field visit to identify and eliminate an obvious accessible valve box.